

FOOD SECURITY NEEDS ASSESSMENT OF RAPID CITY

2025

Commissioned by



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Introduction

This report presents the results of a food security needs assessment of Rapid City. The needs assessment was commissioned and led by the Black Hills Area Community Foundation in collaboration with nonprofit employees and a steering committee of nonprofit leaders in order to better understand the day-to-day experience of food insecure populations in the Rapid City area. The study focused on identifying unmet needs, challenges, and barriers related to food access and making recommendations to improve food security. The results of the needs assessment can be used to set priorities and determine next steps toward improving food security across the Black Hills.

Needs assessment activities were designed to synthesize existing data and to gather input directly from communities affected by food insecurity. Data collection centered around answering questions about unmet needs, challenges and barriers, and recommendations for closing gaps to sufficient, fair access to food. Specifically, data collection sought information about the following categories of need:

- **Quantity:** Can people access enough food each month?
- **Transportation/Location:** Can people get to food sources without trouble?
- **Food Type:** Can people access culturally appropriate, healthy/diabetic friendly, and allergen friendly food?
- **Awareness:** Is information available about how to get assistance, and do people know how to access this information?
- **Food Prep:** Can people prepare or cook their meals if desired?
- **Assistance:** Do eligible people maximize their benefits from food assistance programs (SNAP, WIC, etc.)?

The geographic focus of project activities was Rapid City, including nearby communities such as Rapid Valley. The population focus for project activities was those accessing charitable food sources and government assistance programs as well as those who are eligible but are not accessing these programs. Key subpopulations were considered, including families with children, postsecondary students, Indigenous people, adults over the age of 60, and people who are unhoused (including youth 16-24 and veterans).

Executive Summary

This report, commissioned and led by the Black Hills Area Community Foundation in collaboration with nonprofit employees and a steering committee of nonprofit leaders, aims to identify unmet needs and inform community-driven strategies to improve food security across Rapid City. This study synthesizes insights shared directly by Rapid City residents facing food insecurity in order to identify core barriers; these insights are paired with targeted, actionable recommendations for improving food security in Rapid City.

This study comes at a critical moment when economic uncertainty and proposed cuts to key federal food programs are straining an already fragile food security system. Data collection for this report took place during the summer and fall of 2024. Since then, market and economic uncertainty paired with federal funding changes have changed the landscape for nonprofits and food insecure populations, exacerbating many of the challenges outlined in this study. This report offers timely insights to guide coordinated, community-based responses.

This study used focus groups and spatial analysis to examine food insecurity in Rapid City, with an emphasis on community-level barriers to accessing food. Seven focus groups with diverse subpopulations and one focus group with service providers captured firsthand experiences and identified gaps in existing support systems. In tandem, a mapping analysis visualized disparities in food access across neighborhoods, identifying food desert areas where low income and limited access to grocery stores intersect. Findings point to actionable, targeted solutions that are customized to support each community served.

Food insecurity affects 12.7% of Pennington County residents—about 14,250 individuals—who lack consistent access to enough nutritious food. Further, as the largest urban center in the western half of the state, Rapid City and its social services providers serve people who live in bordering counties—including Oglala Lakota County, where the food insecurity rate is estimated at 28.2%, the highest rate of any county in South Dakota and fifth highest in the nation.¹ Rising food insecurity in the area is reflected in increased demand for assistance programs reported by nonprofit leaders. In FY24, for instance, mobile food distributions and school-based pantries reported increased use in Rapid City. Additionally, food-related concerns accounted for 17% of all Rapid City-area Helpline Center referrals in 2024, with the highest rates concentrated in central and northern Rapid City.

A significant portion of Rapid City residents live in food deserts, areas with both low income and limited access to grocery stores. An estimated 33,702 Rapid City residents live in food deserts, most living more than half a mile away from the nearest grocery store. The areas of greatest concern are between North Street and I-90, food desert areas that not only lack nearby charitable food resources but also have lower median incomes, higher poverty levels, and, in

¹ The 2025 Map the Meal Gap study uses data from 2023. Available online at <https://map.feedingamerica.org/>. Accessed July 2, 2025.

the area west of the Roosevelt Expressway, limited vehicle access—further compounding food access challenges.

Food insecurity affects people from all walks of life, including children and adults and working families. In Rapid City, 11% of households receive SNAP; of those, 43% have children under 18, and 70% of families receiving SNAP have at least one person working. Yet some groups face higher risk and greater impacts from food insecurity. In Rapid City, residents of food desert areas are more likely to be renters and are disproportionately Native American: 76% of Indigenous residents live in half-mile food deserts. Food-related referrals to the Helpline Center also reveal demographic disparities: recipients are typically older (median age 49), more likely to be women (64.4%), and significantly more likely to be American Indian or Alaska Native (38.8%) compared to the general population.

Individuals facing food insecurity often struggle to find foods that meet their dietary, health, and cultural needs, leading to reliance on less nutritious options, such as canned foods high in sodium. Focus group participants shared that nutritious foods, including proteins and fresh fruits and vegetables, are unaffordable and difficult to obtain from charitable sources. Lack of access to nutritious foods can worsen chronic health conditions like obesity, diabetes, and heart disease, and negatively impact mental health. Children experiencing food insecurity are particularly vulnerable, facing increased risks of obesity, developmental delays, and difficulty concentrating in school.

In Rapid City, barriers to food access include transportation issues, limited availability of resources, and restrictive eligibility criteria. Many charitable food resources have specific eligibility requirements, and a significant number are not open during evenings or weekends, making them difficult to access for those with conventional work schedules. Additionally, lack of reliable transportation, particularly for individuals in food deserts, older adults, and children, exacerbates food insecurity. Barriers such as unfamiliar foods distributed by charitable sources, lack of kitchen access, and food storage challenges further prevent individuals from effectively utilizing available resources. Stigma and judgment from others, as well as internal feelings of shame, create interpersonal barriers that discourage people from seeking assistance.

Focus groups revealed that Rapid City residents facing food insecurity often adapt by employing difficult coping strategies. These strategies include making tough financial trade-offs, such as cutting expenses in other areas and going hungry to ensure others in their care have enough to eat. Despite these challenges, community resilience is evident, as people engage in mutual aid networks, sharing food with friends, family, and neighbors, and seeking alternative food sources like gardening, hunting, or even dumpster diving. For many Rapid City residents facing food insecurity, these coping mechanisms help bridge the gaps in formal food assistance systems.

Detailed conclusions as well as specific recommendations, customized to local conditions and the circumstances of various communities, are outlined at the end of this report in the [Conclusions](#) and [Recommendations](#) sections.

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Background

A thriving community is food secure, and that begins with understanding what problems exist within the community along with what resources are available and then working together to fill the gap. To facilitate conversations around enhancing food security, this report aims to shed light on the current landscape of food access and food security in Rapid City, South Dakota.

What does it mean to be food secure?

In food secure communities, all community members have access at all times to enough food to enjoy an active, healthy life. Food secure people have nutritionally adequate and safe food in ready supply, and they can access this food in socially acceptable ways (i.e., without stealing, scavenging, resorting to emergency food supplies, or adopting other coping strategies). By contrast, those facing food insecurity have uncertain or limited access to food. Food insecure families have trouble providing enough food due to lack of resources, and families with very low food security may skip meals or otherwise disrupt their normal eating patterns because they cannot afford enough food.²

To better understand food insecurity, consider the average cost of feeding a family of four, which could range from around \$1,000 per month to over \$1,500, depending on assumptions made. In March 2025, the USDA estimated the minimum monthly cost to meet the nutritional needs of a family of four with two adults and two school-age children at \$996.20.³ This minimum estimate is based on the USDA's Thrifty Food Plan and is the basis for determining SNAP allocations, which may not exceed this monthly amount. The USDA's Thrifty Food Plan estimate appears to closely match actual spending among food insecure families.⁴ However, critics contend it does not accurately estimate adequate spending on food.

Feeding America has proposed an alternative measure of food costs, estimating that food secure families in Pennington County spend an average of \$3.76 per meal, or about \$1,400 per month for a family of four.⁵ Whereas the USDA estimate corresponds to spending by food insecure families, the Feeding America estimate is based on actual food spending by food-

² Life Sciences Research Office, S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," *The Journal of Nutrition* 120:1557S-1600S, 1990.

³ U.S. Department of Agriculture (USDA) Food and Nutrition Service, "Official USDA Thrifty Food Plan: U.S. Average, March 2025," Issued April 2025. Online at <https://www.fns.usda.gov/sites/default/files/resource-files/cnpp-CostFood-TFP-March2025.pdf>. Accessed April 25, 2025.

⁴ Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2017. *Statistical Supplement to Household Food Security in the United States in 2016*, AP-077, U.S. Department of Agriculture, Economic Research Service.

⁵ Feeding America, Map the Meal Gap 2025. Available online at <https://map.feedingamerica.org/county/2023/overall/south-dakota/county/pennington>. Accessed July 2, 2025.

secure households, a methodology they argue ensures results reflect the cost of a truly adequate diet (i.e., what a family would spend if they were not facing food insecurity).

While the USDA's Thrifty Food Plan might be considered a minimally adequate food budget, the Feeding America estimate more accurately reflects food budgets for families who can choose foods without financial constraint. For families to feed themselves with the Thrifty Food Plan budget would require a good deal of discipline and savvy in shopping for and preparing foods. For instance, the plan assumes all meals are prepared and eaten at home, whereas the Feeding America budget includes meals eaten or prepared elsewhere (e.g., restaurants, fast food, carryout). And while the Feeding America budget is modeled off of actual consumption patterns, the Thrifty Food Plan makes adjustments to observed consumption patterns in order to fit within predefined nutritional and budgetary constraints.

Nutrition assistance programs, such as SNAP, assume families can spend 30% of their monthly income on food. Following that assumption, a family of four would need to bring in at least between \$40,000 and \$56,000 annually to be able to afford the monthly food costs estimated by the USDA's Thrifty Food Plan and by Feeding America, respectively.

Who experiences food insecurity?

National rates of food security are measured by the USDA's Economic Research Service (ERS), which reports annual measures of food security based on the U.S. Census Bureau's Current Population Survey (CPS) Food Security Supplement. This national survey uses an 18-item household food security scale to determine a household's level of food security. This survey defines households as food insecure if they have low or very low food insecurity: Low food security means that, at some point during the previous year, they had trouble providing enough food for the household due to lack of resources. Very low food security means that some household members reduced their food intake or disrupted their normal eating patterns (e.g., skipping meals) because they could not afford enough food.

In 2023 (the most recent data available at the time of this report), 86.5% of households nationally were food secure, down from 87.2% in 2022. Put another way, 13.5% of households were food insecure at some point during 2023, including 8.4% that had low food security and 5.1% with very low food security. In total, in 2023, 18 million U.S. households (encompassing nearly 45 million individuals) were unable to meet their food needs at some point during the year.⁶

Rates of food insecurity are higher among certain subgroups, including households with children, single parent households, households headed by black or Hispanic people, and low-income households with incomes below 185% of the poverty threshold. Nationally, an estimated 17.9% of households with children experience food insecurity, although the children in those

⁶ U.S. Department of Agriculture Economic Research Service, "Food Security in the U.S., updated January 8, 2025. Online at <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us>. Accessed April 25, 2025.

households may be buffered from the effects of food insecurity by adults who make more significant changes to their own diets for the sake of their children.⁷

More locally, hunger exists in every county in South Dakota. According to Feeding America's 2025 Map the Meal Gap Study, 12.7% of people (about 14,250 individuals) in Pennington County are food insecure, meaning they do not have access to the food they need to live an active, healthy life.⁸ By this estimate, Pennington County's food insecurity rate is slightly lower than the national rate of 14.3%. However, regional context matters: As the largest urban center in the western half of the state, Rapid City and its social services providers serve people who live in bordering counties—areas with very high rates of food insecurity. Pennington County is bordered by Oglala Lakota County, where the food insecurity rate is estimated at 28.2% (highest in South Dakota and fifth highest in the nation), and by Jackson County, which has an estimated food insecurity rate of 22.2%.

In South Dakota, as is true nationally, the risk of food insecurity is higher for certain subgroups. A 2024 needs assessment conducted for South Dakota's SNAP-Ed program identified "significant socioeconomic and health disparities for the American Indian/Alaska Native population, who experience poverty, food insecurity, and diet-related diseases like diabetes at much higher rates than other groups."⁹ Likewise, the 2024 Monument Health Service Area Community Health Needs Assessment reported disparities in food security, noting survey results that indicate food insecurity is "highly correlated with age and income and more often reported among Native American residents, residents of diverse race/ethnicity, and LGBTQ+ respondents."¹⁰

What causes food insecurity?

For households, food insecurity can be either a persistent challenge or a temporary situation. The likelihood of experiencing food insecurity rises when individuals or households lack the financial resources to consistently purchase enough food. However, poverty alone is not always the cause for food insecurity. Individual circumstances and systemic factors such as chronic disease or disability, discrimination, lack of affordable housing, low wages, and unemployment contribute to risk for food insecurity. Even people with a steady income may experience setbacks such as job loss, medical emergencies, disaster, or family crisis that require them to make difficult financial choices.¹¹

⁷ Ibid.

⁸ The 2025 Map the Meal Gap study uses data from 2023. Available online at <https://map.feedingamerica.org/>. Accessed July 2, 2025.

⁹ "South Dakota SNAP-Ed Needs Assessment," 5/21/2024, produced by Michael Dunn in the Population Health Evaluation Center at SDSU. Funded by USDA's Supplemental Nutrition Assistance Program.

¹⁰ Monument Health Service Area 2024 Community Health Needs Assessment. Available online at <https://monument.health/wp-content/uploads/2025/03/2024-PRC-CHNA-Report-Monument-Health.pdf>. Accessed April 30, 2025.

¹¹ Jones, A. D., Ngure, F. M., Pelto, G., & Young, S. L. (2013). What are we assessing when we measure food security? A compendium and review of current metrics. *Advances in Nutrition*, 4(5), 481–505; Food and Agriculture Organization. (2008). An introduction to the basic concepts of food security. *Food Security Information for Action Practical Guides*. EC–FAO Food Security Programme; Nord, M., Andrews,

Where people live plays a critical role in their access to food. Residents of rural areas, urban centers, and low-income neighborhoods often face limited availability of full-service grocery stores or supermarkets. In particular, predominantly Black and Hispanic communities tend to have fewer of these stores compared to predominantly White, non-Hispanic neighborhoods. In neighborhoods that lack supermarkets, convenience stores—where food options are often more expensive, lower in quality, and less varied—may become the default source of groceries.

Because food resources are not evenly distributed across neighborhoods, transportation is another major factor affecting food access. Long distances to food retailers, combined with limited public transit or lack of a personal vehicle, can make it difficult for people to reach stores that offer nutritious, affordable food. In neighborhoods with few supermarkets and inadequate transportation infrastructure, residents face a heightened risk of food insecurity—not simply because food is unaffordable, but because it is physically hard to reach.¹²

A recent statewide needs assessment conducted for South Dakota’s SNAP-Ed program sheds some light onto the local factors that cause food insecurity. Among the top contributing factors identified in the report were transportation, lack of awareness or education about programs and how to access them, language or cultural barriers, childcare and time constraints, and access to affordably and healthy foods. A statewide survey of community members who were applying for SNAP or part of SNAP programs asked about barriers to healthy food consumption. Based on 570 responses, the survey identified the top barriers as the cost of healthy food (59%), lack of time or energy to cook (33%), access or availability of healthy food (29%), and not knowing what foods are part of a healthy diet (17%) or how to cook and prepare healthy foods (11%).¹³

M., & Winicki, J. (2002). Frequency and duration of food insecurity and hunger in U.S. households. *Journal of Nutrition Education and Behavior*, 34(4), 194–201; Sharkey, J. R., Johnson, C. M., & Dean, W. R. (2011). Relationship of household food insecurity to health-related quality of life in a large sample of rural and urban women. *Women & Health*, 51(5), 442–460; Seefeldt, K. S., & Castelli, T. (2009). Low-income women’s experiences with food programs, food spending, and food-related hardships (no. 57). *USDA Economic Research Service*. <https://www.ers.usda.gov/publications/pub-details/?pubid=84306>; Nord, M., Andrews, M., & Carlson, S. (2007). Measuring food security in the United States: household food security in the United States, 2001. *Economic Research Report* (29); Nord, M. (2007). Characteristics of low-income households with very low food security: An analysis of the USDA GPRA food security indicator. *USDA-ERS Economic Information Bulletin* (25); Klesges, L. M., Pahor, M., Shorr, R. I., Wan, J. Y., Williamson, J. D., & Guralnik, J. M. (2001). Financial difficulty in acquiring food among elderly disabled women: Results from the Women’s Health and Aging Study. *American Journal of Public Health*, 91(1), 68.

¹² Zenk, S. N., Schulz, A. J., Israel, B. A., James, S. A., Bao, S., & Wilson, M. L. (2005). Neighborhood racial composition, neighborhood poverty, and the spatial accessibility of supermarkets in metropolitan Detroit. *American Journal of Public Health*, 95(4), 660–667; Ploeg, M. V., Breneman, V., Farrigan, T., Hamrick, K., Hopkins, D., Kaufman, P., Lin, B.-H., Nord, M., Smith, T. A., Williams, R., Kinnison, K., Olander, C., Singh, A., & Tuckermanty, E. (n.d.). Access to affordable and nutritious food—measuring and understanding food deserts and their consequences: Report to congress. Online at <http://www.ers.usda.gov/publications/pub-details/?pubid=42729>. Accessed April 25, 2025; Powell, L. M., Slater, S., Mirtcheva, D., Bao, Y., & Chaloupka, F. J. (2007). Food store availability and neighborhood characteristics in the United States. *Preventive Medicine*, 44(3), 189–195; Crockett, E. G., Clancy, K. L., & Bowering, J. (1992). Comparing the cost of a thrifty food plan market basket in three areas of New York State. *Journal of Nutrition Education*, 24(1), 71S–78S.

¹³ Dunn, M. 2024. *South Dakota SNAP-Ed Needs Assessment*. South Dakota State University Population Health Evaluation Center.

Why does food security matter?

Households with low food security may experience a range of conditions, from worry about having enough food to altering the types or quantity of food consumed. Further, lack of nutritious foods can have serious consequences on health and well-being—with implications for individuals and communities alike. Communities that do not address food security face increased costs associated with public health, healthcare, mental health, behavioral health, and education. In fact, Feeding America has estimated that, nationally, food insecurity results in chronic disease, emergency visits, and hospitalizations that cost the healthcare system upwards of \$50 billion per year (about \$4.5 million in median county-level healthcare costs).¹⁴ Compared to food secure families, the typical food insecure family incurs an estimated \$2,500 in additional healthcare costs each year.¹⁵

Food insecurity is linked to a range of negative health outcomes and contributes to persistent health disparities, particularly among adults and children in low-income households. Research shows that adults who experience food insecurity may be at greater risk for chronic conditions, including obesity, heart conditions, and diabetes. Indeed, in South Dakota, the 2024 SNAP-Ed needs assessment found that the “top counties for SNAP-eligible and SNAP-participating individuals also display a higher incidence rate of diabetes, high blood pressure, coronary heart disease, and obesity.”¹⁶ Food insecurity is also connected to mental health in a variety of complex ways: it influences mental health outcomes (stress, stability, cognitive function, wellbeing) and increases levels of psychological disorders (e.g., anxiety, depression).¹⁷

Children facing food insecurity are also vulnerable to a host of health challenges. Evidence suggests they are more likely to experience obesity and are at greater risk for developmental delays compared to children in food-secure households. Inconsistent access to nutritious food—characterized by reduced frequency, variety, quality, and quantity of meals—can also negatively impact children’s mental health and emotional well-being. Food insecure children have trouble concentrating in school, impacting their learning outcomes, and are more likely to have behavior issues. Even among college students, food insecurity is an increasingly serious issue, driven by rising costs of attendance and linked to poor nutrition, mental health challenges, and diminished academic performance. Students facing food insecurity often eat fewer fruits and vegetables, skip breakfast, struggle to concentrate, and experience higher rates of anxiety and

¹⁴ Berkowitz, S., Basu, S., Gundersen, s., and Seligman, H. 2019. State-level and county-level estimates of health care costs associated with food insecurity. *Preventing Chronic Disease*, 16.

¹⁵ Palakshappa, D., Garg, A., Peltz, A., Wong, C., Cholera, R., Berkowitz, S. 2023. Food insecurity was associated with greater family health care expenditures in the US, 2016-17. *Health Affairs*, 42(1), 44-52.

¹⁶ “South Dakota SNAP-Ed Needs Assessment,” 5/21/2024, produced by Michael Dunn in the Population Health Evaluation Center at SDSU. Funded by USDA’s Supplemental Nutrition Assistance Program.

¹⁷ Ejiohuo O, Onyeaka H, Unegbu KC, Chikezie OG, Odeyemi OA, Lawal A, Odeyemi OA. Nourishing the Mind: How Food Security Influences Mental Wellbeing. *Nutrients*. 2024 Feb 9;16(4):501; Myers CA. Food Insecurity and Psychological Distress: a Review of the Recent Literature. *Current Nutrition Reports*. 2020 Jun;9(2):107-118

depression.¹⁸ In short, food insecurity affects not just physical health, but overall development and long-term outcomes.¹⁹

Current context

Data collection for this report took place during the summer and fall of 2024. Since that time, policy and programmatic changes at both local and federal levels have altered the food security landscape.

In July 2024, Feeding South Dakota modified its mobile food distributions in Rapid City in an attempt to streamline services and improve operational efficiency. As part of this shift, the distribution previously held twice monthly at the Journey Museum was consolidated into a single monthly distribution at the Central States Fairgrounds, located approximately 1.5 miles southeast of the previous location. Mobile distributions at Lakota Homes and Bible Fellowship Church on Fairmont Street were also phased out.

As of the writing of this report in spring 2025, federal budget decisions are poised to significantly disrupt food security efforts in South Dakota, particularly for programs that serve the state's most vulnerable residents. In mid-March 2025, the USDA announced funding cuts to two key pandemic-era programs: the Local Food Purchase Assistance (LFPA) and Local Food for Schools (LFS) initiatives. These programs have played a crucial role since 2022 in promoting access to healthy, local foods by channeling funds to local farmers in exchange for fresh foods that are then distributed to schools, food banks, and pantries across the state. The LFPA program provided approximately 1% of Feeding South Dakota's annual food resources. Replacing that inventory with similar products sourced through local producers is estimated to cost \$1.2 million.²⁰

¹⁸ El Zein, A., Mathews, A. E., House, L., and Shelnutt, K. P. 2018. Why are hungry college students not seeking help? Predictors of and barriers to using an on-campus food pantry. *Nutrients*, 10, 1163; Nikolaus, C. J., Ellison, B., Nickols-Richardson, S. M. 2019. College students' interpretations of food security questions: results from cognitive interviews. *BMC Public Health*, 19, 1282.

¹⁹ Nord, M. (2009). Food insecurity in households with children: Prevalence, severity, and household characteristics. *USDA-ERS Economic Information Bulletin* (56); Hernandez, D. C., Reesor, L. M., & Murillo, R. (2017). Food insecurity and adult overweight/obesity: Gender and race/ethnic disparities. *Appetite*, 117, 373–378; Gregory, C. A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults. Online at <http://www.ers.usda.gov/publications/pub-details/?pubid=84466>. Accessed April 25, 2025; Gundersen, C., & Kreider, B. (2009). Bounding the effects of food insecurity on children's health outcomes. *Journal of Health Economics*, 28(5), 971–983; Metallinos-Katsaras, E., Must, A., & Gorman, K. (2012). A longitudinal study of food insecurity on obesity in preschool children. *Journal of the Academy of Nutrition and Dietetics*, 112(12), 1949–1958; Cook, J. T., & Frank, D. A. (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences*, 1136(1), 193–209; Cook, J. T. (2013, April). Impacts of child food insecurity and hunger on health and development in children: Implications of measurement approach. In Paper commissioned for the Workshop on Research Gaps and Opportunities on the Causes and Consequences of Child Hunger.

²⁰ Pfankuch, Bart. "Cuts in federal funding for food will hurt pantries and producers," 4/7/2025, *South Dakota News Watch*. Online at <https://www.sdnewswatch.org/federal-cuts-food-feeding-south-dakota-doge/>. Accessed April 25, 2025; Lin, Julia. "Feeding SD braces for federal budget cuts to the USDA,"

Compounding the challenge, the USDA has also paused funding for The Emergency Food Assistance Program (TEFAP), a long-standing federal initiative that supplies staple foods to low-income families through food banks. The funding pause resulted in immediate cancellation of 177,000 pounds of food, with an anticipated annual impact of 1.53 million pounds of food inventory. This pause has reportedly become permanent, and the impact on South Dakota will be substantial: Feeding South Dakota expects to lose approximately 11% of its total food inventory due to this change. Replacing this food through purchasing is estimated to come at an annual cost of \$2.5 million.

These reductions come at a time when demand for food assistance continues to grow. According to Feeding South Dakota, numbers are up across programs, including mobile food distributions, backpack meal programs for children, and school pantry meal distributions. At the same time, food prices have risen by at least 9% over the past two years, placing further strain on program budgets.

National trends also point to additional economic pressures. Following several years of rapid inflation after the COVID 19 pandemic, new tariffs are expected to drive food prices even higher, further intensifying challenges for food pantries and households already struggling to make ends meet.

The impact of budget cuts and rising prices will be far-reaching. Reductions in one federal food program—such as SNAP or TEFAP—tend to create ripple effects throughout the broader food support ecosystem. When benefits are reduced in one area, demand inevitably increases in others, whether through food pantries, meal distributions, or school-based support services.

In South Dakota, where rural geography and limited infrastructure already present barriers to food access, the combination of rising costs and shrinking federal support could jeopardize the state's food security safety net. These policy shifts make clear the importance of coordinated, sustained investment in local food systems and the community-based organizations that keep them running.

Methodology

Given the growing demand for food assistance and the recent reduction in federal support, there is a pressing need to better understand how food insecurity is experienced at the community level in South Dakota. While national and statewide statistics offer a broad view of need, they often obscure the day-to-day realities faced by individuals and families who struggle to access nutritious, affordable food. Research that centers the voices of food-insecure residents can illuminate how food insecurity manifests in people's lives—whether through skipped meals, reduced dietary quality, or difficult trade-offs between food and other basic needs.

Moreover, as existing food programs face funding cuts and logistical strain, it is critical to identify the specific barriers that prevent Rapid City residents from accessing available resources. Gaps in food distribution, awareness of services, cultural or dietary mismatches, and stigma associated with seeking assistance are just a few of the potential obstacles that may go unaddressed without targeted, community-level inquiry.

By mapping these gaps and documenting the nuanced ways they affect different populations, the research conducted for this report aims to empower local policymakers, service providers, and funders to work together to design more effective responses to food security needs. Toward that end, this report presents findings from two research activities: a series of focus groups held with Rapid City community members and a spatial analysis of demographic and food resource data across the geography of Rapid City.

Focus Groups

To better understand the barriers Rapid City community members face in accessing food and the gaps that exist in current food support systems, the Augustana Research Institute conducted a series of focus groups and interviews with both community members experiencing food insecurity and with service providers. This qualitative approach was designed to capture diverse perspectives on food access in the region and to elevate the lived experiences of individuals often underrepresented in policy and program discussions.

Subpopulations

In order to document the range of ways in which different people experience food insecurity, several different subpopulations were recruited for focus groups. Each focus group was homogeneous with respect to the recruited subpopulation but diverse with respect to other demographic characteristics.

In total, seven focus groups were held with community members. They focused on the following subpopulations:

1. College and university students
2. Parents and guardians of children (birth through 12th grade)
3. Indigenous people
4. Adults aged 60 and older
5. People experiencing homelessness (general population)
6. Youth (ages 16 – 24) experiencing homelessness
7. Veterans experiencing homelessness

Additionally, one focus group was held with service providers who either distribute food or work directly with populations likely to qualify for food assistance. Participants represented a range of institutional settings, including food pantries and meal providers, youth- and family-serving organizations, healthcare, and public safety. They also varied in their roles, including both managers as well as frontline staff working directly with individuals and families experiencing food insecurity.

Focus Group Guide Development

Focus group questions were developed by the Augustana Research Institute collaboratively with the project steering committee and other nonprofit leaders working in the food security space. To ensure relevance and relatability, focus group guides were reviewed by subject matter experts.

The focus group questions for Indigenous people were reviewed by Elders from Wambli Ska and Oaye Luta Okolakiciye. The review session, held at Wambli Ska in July 2024, was led by an Elder with a project steering committee member taking notes. Lunch was served and Elders were compensated for their time and expertise.

Similarly, focus group guides for parents and guardians of children as well as for veterans, youth, and the general population of people experiencing homelessness were reviewed by staff at Journey On, Volunteers of America, the Supportive Services for Veteran Families team, the VA HUD-VASH team, and Mommy's Closet. The higher education guide was reviewed by Dr. Trenton Ellis, who also provided insights into the unique challenges college students face in accessing public food assistance programs.

Copies of focus groups guides are included as an appendix to this report.

Recruitment and Hosting

Focus groups took place in person. Seven focus groups were conducted from August 12 – 14, 2024. An eighth focus group was held October 16, 2024, in order to accommodate the academic calendar for postsecondary students.

Focus groups were hosted in locations familiar and accessible to participants. To accommodate diverse scheduling and transportation needs, phone interviews were also offered for individuals unable to attend in person. Focus group participants received a \$75 gift card and a meal as part of their participation.

Recruitment was conducted in partnership with local service providers, who posted and shared flyers with clients. Flyers were posted or distributed at the following locations:

- Meals on Wheels deliveries
- Minneluzahan Senior Center
- Wambli Ska
- Volunteers of America (VOA) Northern Rockies
- Cornerstone Rescue Mission
- Church Response
- Oaye Luta Okolakiciye
- Rural American Initiative
- Youth and Family Services (YFS)
- The Circle
- Club for Boys
- Black Hills State University
- Western Dakota Technical College
- South Dakota State University – Rapid City
- South Dakota School of Mines and Technology

The following table summarizes where and when focus groups were held and the number of participants. In total, 91 people participated in a focus group or interview. Additional details about participant demographics are provided with the focus group findings.

Table 1. Focus group dates and locations

Group	Location	Date	Participants (n)
Indigenous people	Wambli Ska Teen Center	August 12, 12:00 PM	14
Unhoused or housing insecure (general population)	Woyatan Church	August 12, 5:00 PM	13 (plus 2 interviews)
Unhoused or housing insecure youth (16-24)	The Circle, August 13	August 13, 4:00 PM	12
Postsecondary (college and university) students	Western Dakota Tech	October 15, 12:00 PM	6
Older adults (60+)	Minneluzahan Senior Center	August 14, 9:00 AM	12 (plus 2 interviews)
Unhoused or housing insecure veterans	Veteran Outreach Center, Volunteers of America	August 12, 9:00 AM	9
Parents and guardians	Club for Boys	August 13, 12:00 PM	12
Providers	Club for Boys	August 13, 9:00 AM	9

Community Data and Mapping

In addition to qualitative research with service providers and community members, the Augustana Research Institute conducted a spatial analysis to examine disparities in food access across Rapid City and surrounding areas. The goal of the mapping effort was to visualize both the geographic distribution of food resources and the structural and demographic factors that shape residents' ability to access food. This layered mapping approach enables a deeper understanding of where food access gaps exist.

This report summarizes findings from the spatial analysis and includes several maps in sections below. Additionally, data collected for this report were compiled into an interactive, web-based map that layers multiple dimensions of access, including infrastructure (e.g., transportation), community need (e.g., poverty, vehicle access), and food support availability. The map provides a visual representation of service gaps and can support strategic planning for outreach, resource allocation, and future interventions.

Data Sources

ARI compiled a variety of data sources related to food access, transportation, demographics, and infrastructure. Data were collected from local, state, and federal sources as well as nonprofit partners. Where possible, datasets were validated or cross-referenced through partnerships with local stakeholders and updated for accuracy.

Demographic Data

The American Community Survey (ACS) is the primary source of demographic data, including estimates of population, households, renters, poverty, median family income, vehicle access, and SNAP participation. The ACS is an annual survey conducted by the U.S. Census Bureau. Unlike the decennial census, the ACS is a sample survey. Only a small proportion (around 3%) of households are surveyed each year. ACS data in this report come from the 2023 five-year estimates, which combine data from 2019 – 2023 in order to reduce the margin of error and provide more reliable estimates. The estimates adjust for inflation and present dollar amounts in 2023 dollars.

The table below details the ACS tables and definitions used for demographic data.

Table 2. Demographic data variables, definitions, and sources

Variable	Definition and Source
Poverty rate	% of population below poverty level (as % of the population for whom poverty status has been determined) Source: 2023 ACS 5-year estimates (Table S1701)
Median family income	Median income for families (households with two or more related people) Source: 2023 ACS 5-year estimates (Table B19113)
SNAP recipients	% of households receiving food stamps/SNAP in the past 12 months Source: 2023 ACS 5-year estimates (Table B22003)
Renters	% of population in renter-occupied housing units (as % of total population in occupied housing units) Source: 2023 ACS 5-year estimates (Table B25026)
No vehicle	% of households with no vehicle available Source: 2023 ACS 5-year estimates (Table B08201)
% households with children	% of households with one or more residents under the age of 18 (may include related or unrelated children) Source: 2023 ACS 5-year estimates (Table B11005)
% household population under 18	% of the household population that is under the age of 18 (population in households only; excludes people living in group quarters) Source: 2023 ACS 5-year estimates (Table B09001)
% White	% of total population that is White alone, not Hispanic or Latino Source: 2023 ACS 5-year estimates (Table B01001H)
% Hispanic/Latino	% of total population that is Hispanic or Latino (of any race) Source: 2023 ACS 5-year estimates (Table B01001I)
% Black	% of total population that is Black alone Source: 2023 ACS 5-year estimates (Table B01001B)
% Native American	% of total population that is American Indian or Alaska Native alone Source: 2023 ACS 5-year estimates (Table B01001C)

Food Resources

Food resources are grouped into two categories: charitable food resources and retail food resources.

Charitable food resources include food pantries, community meals, mobile distributions, and similar resources. The data about charitable food resources was initially gathered in 2023 by the Black Hills Area Community Foundation, Feeding South Dakota, and nonprofit leaders and geocoded by the City of Rapid City. In spring of 2025, records of charitable food resources were carefully reviewed and compared against information in the Helpline Center (211) database. In addition to the type of resource, data used for this report includes the frequency of availability, eligibility criteria for the population served, and hours of availability (specifically, whether the resource is available on weekends or evenings).

For further insight into the geographic distribution of food insecurity across Rapid City, Meals on Wheels provided anonymized delivery data for the month of May 2024. This data contained 425 unique addresses located in Belle Fourche, Black Hawk, Box Elder, Rapid City, Summerset, and Wall. These addresses were geocoded and used to create a heatmap overlay.

Additional data were provided by the Helpline Center (211). They provided data about food-related Helpline contacts and referrals in the Rapid City area. This data was summarized by ZIP code. Findings are presented in the following section.

The second category of food resources is retail food sources, which include supermarkets, specialty stores, and convenience stores. Information about retail food sources was collected by the Black Hills Area Community Foundation and compared against data from the U.S. Department of Agriculture's SNAP retailer database, a catalog of retail stores that accept SNAP/EBT.

Infrastructure

Local geographic and infrastructure data were collected from public data sources, including the City of Rapid City and Pennington County. Data and locations for Rapid Transit System routes and stops were acquired and updated in spring of 2025 with the implementation of new routes.

Rates of free and reduced-price meal eligibility by school (as well as school names and location information) were obtained from the South Dakota Department of Education's fall enrollment report. Fall enrollment reports meal status as of October 31, 2024. Some schools are noted in the fall enrollment data file as having "more than 90%" of students eligible for free or reduced-price meals. These instances were recorded as 90%.

Residential parcel data was obtained from Pennington County property tax data. Residential parcels and the number of units per parcel were used in estimating food access, as described in the following section.

Food Deserts: Low Income, Low Access Areas

Low-income, low-access areas, commonly referred to as food deserts, are geographic areas where a significant number of people have low incomes (relative to the surrounding community) and low access to supermarkets (in terms of distance and vehicle access). These labels derive from the idea that low income and long distances jeopardize food security by making it more difficult for people to access sufficient, healthful foods.

Conceptually, food deserts measure both financial and geographic barriers to accessing food. This report adopts the USDA ERS's definition of food deserts as low income, low access Census tracts. Low access tracts are those where a significant number or share of people live far from a supermarket. In this report, that means at least 500 people or 33% of residents in a tract live more than a half mile from a supermarket. Distance is measured as the crow flies, so in most cases, people must travel farther than the distance measured in order to navigate streets or sidewalks. Low-income tracts are defined following criteria from the Department of Treasury's New Markets Tax Credit program. According to those criteria, low-income tracts are those with a poverty rate of at least 20% or where median family income is less than 80% of the median for the metropolitan area.

Specifically, these terms are defined as follows:

Table 3. Low-income and Low-access area definitions

Term	Definition
Low-income area	<p>A Census tract where either (a) the poverty rate is greater than or equal to 20% or (b) the median family income is less than or equal to 80% of the Rapid City MSA median family income. In 2023, Rapid City MSA median family income was \$90,806, and the 80% threshold was \$72,644.80.</p> <p>The Rapid City MSA (Metropolitan Statistical Area) is made up of Pennington and Meade Counties.</p>
Low-access area	<p>A Census tract where any one of the following criteria is met:</p> <ul style="list-style-type: none">• At least 500 people live at least a half mile from a supermarket, or• At least 33% of people live at least a half mile from a supermarket, or• At least 100 households with no vehicle live a half-mile or more from a supermarket.

These definitions follow those used by the USDA,²¹ with one change: whereas the USDA often uses a one-mile threshold, this report adopts a half-mile threshold. In the context of Rapid City, the half-mile threshold more accurately reflects how far people are able to walk and carry food,

²¹ "Definitions," *Food Access Research Atlas – Documentation*. Updated January 15, 2025. Available online at <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>. Accessed April 29, 2025.

especially if they are very young or old or have limited mobility. Throughout this report, unless otherwise specified, the half-mile threshold is used.

Low-access areas were identified using spatial analysis of residential parcels and their proximity to supermarkets. The proportion of parcels within each distance threshold was used to estimate corresponding population and household access rates for each tract. That is, analysts compared the location of supermarkets with the location of residential parcels and identified residential parcels whose centers were within a half mile of a supermarket. They calculated the proportion of residential parcels within each Census tract that fell within a half mile from a supermarket, then used those proportions to estimate the proportion of the population and households in that tract who likewise fell within that distance.

This parcel-based approach was intended to account for variable population density. It addresses the fact that the population is not evenly distributed across the land area of a Census tract. However, it does not account for variations in household size or uneven distribution of demographic characteristics (particularly income levels and vehicle access) across households within a given tract. Population and households were assumed to be equally distributed across housing units on residential parcels.

Census Tracts

Much of the data in this report are analyzed and mapped by Census tract. Census tracts are small areas used by the Census Bureau to provide a stable set of geographic units for presenting statistical data. Tracts generally have a population of around 4,000 people, but both the population size and geographic size of tracts varies. Census tract boundaries shown on maps in this report are 2020 tract boundaries adopted by the U.S. Census Bureau and provided in cartographic boundary files.

Food Security by the Numbers

This section brings together data points relevant to food security needs in Rapid City. It summarizes available data on SNAP usage, requests and referrals for food resources through the Helpline Center, and food distribution activities carried out by Feeding South Dakota.

Poverty and SNAP by County

In the seven-county Black Hills region, the SNAP program serves one in ten households, supporting families raising children and working adults. Across the region, 10% of households receive SNAP (8,142 households out of 83,748 total). Of households in the Black Hill receiving SNAP, about half (48%) have children under 18 at home. Of families²² in the Black Hills receiving SNAP, more than three-quarters (76%) have at least one person employed and working.

In Rapid City specifically, SNAP usage looks similar: 11% of households in Rapid City receive SNAP (3,391 households out of 31,961 total), and of these households, 43% have children under 18 at home. As in the Black Hills region generally, in Rapid City, most SNAP recipients are working families: 70% of families* receiving SNAP had at least one person working in the past 12 months.

The following table compares poverty rates and SNAP usage across South Dakota counties. Pennington County ranks 32nd in poverty rate, with an estimated 10.9% of households (about 5,000 households) living below the poverty level. Neighboring Oglala Lakota County ranks 1st, with a poverty rate of 46.2%.

When it comes to SNAP usage, Pennington County ranks 17th, with 8.9% of households (about 1 in 11) receiving SNAP. Compared to some other counties in South Dakota, Pennington County has a higher rate of SNAP usage relative to need, with a similar number of households living below poverty and receiving SNAP. However, given that SNAP eligibility in South Dakota extends to households with incomes up to 130% of the federal poverty guidelines, there are likely eligible households not yet receiving SNAP.

²² Families are a subset of households: families are households made up of two or more related individuals living together.

Table 4. Household Poverty and SNAP Usage by County (2023)

County	Households (total)	Households below poverty level	% of households below poverty level	Rank (% poverty)	Households receiving SNAP	% of households receiving SNAP	Rank (% SNAP)
Aurora	1,042	67	6.4%	61	52	5.0%	44 (T)
Beadle	7,485	1,077	14.4%	17	774	10.3%	16
Bennett	1,024	276	27.0%	9	186	18.2%	9
Bon Homme	2,426	247	10.2%	36 (T)	149	6.1%	33 (T)
Brookings	13,490	1,766	13.1%	19	688	5.1%	43
Brown	16,364	1,667	10.2%	36 (T)	1,128	6.9%	26 (T)
Brule	1,932	194	10.0%	38 (T)	64	3.3%	52 (T)
Buffalo	496	192	38.7%	2	111	22.4%	7
Butte	4,230	408	9.6%	44	359	8.5%	20 (T)
Campbell	704	63	8.9%	48 (T)	40	5.7%	37
Charles Mix	3,006	574	19.1%	12	407	13.5%	10
Clark	1,322	132	10.0%	38 (T)	31	2.3%	58 (T)
Clay	5,561	1,292	23.2%	10	602	10.8%	15
Codington	12,361	1,368	11.1%	31	859	6.9%	26 (T)
Corson	1,112	367	33.0%	5	295	26.5%	5
Custer	4,033	270	6.7%	59	201	5.0%	44 (T)
Davison	8,714	1,086	12.5%	21	710	8.1%	24 (T)
Day	2,343	282	12.0%	25	158	6.7%	30
Deuel	1,800	149	8.3%	53	46	2.6%	57
Dewey	1,681	456	27.1%	8	331	19.7%	8
Douglas	1,117	125	11.2%	30	23	2.1%	61
Edmunds	1,589	145	9.1%	46	65	4.1%	50
Fall River	3,443	677	19.7%	11	409	11.9%	11
Faulk	836	135	16.1%	14	8	1.0%	65
Grant	2,989	295	9.9%	40 (T)	173	5.8%	36
Gregory	1,635	200	12.2%	23	132	8.1%	24 (T)
Haakon	674	77	11.4%	29	32	4.7%	47
Hamlin	2,181	119	5.5%	62 (T)	48	2.2%	60
Hand	1,373	121	8.8%	50	55	4.0%	51
Hanson	1,134	57	5.0%	65	21	1.9%	62
Harding	493	27	5.5%	62 (T)	3	0.6%	66
Hughes	7,316	595	8.1%	54	473	6.5%	31 (T)
Hutchinson	2,944	302	10.3%	35	203	6.9%	26 (T)
Hyde	535	50	9.3%	45	17	3.2%	54
Jackson	740	278	37.6%	4	213	28.8%	4
Jerauld	827	107	12.9%	20	46	5.6%	38

County	Households (total)	Households below poverty level	% of households below poverty level	Rank (% poverty)	Households receiving SNAP	% of households receiving SNAP	Rank (% SNAP)
Jones	355	42	11.8%	28	6	1.7%	63
Kingsbury	2,031	241	11.9%	26 (T)	67	3.3%	52 (T)
Lake	4,632	419	9.0%	47	251	5.4%	40 (T)
Lawrence	11,812	1,430	12.1%	24	995	8.4%	22 (T)
Lincoln	26,645	1,409	5.3%	64	791	3.0%	55
Lyman	1,185	199	16.8%	13	139	11.7%	13
Marshall	1,646	116	7.0%	58	24	1.5%	64
McCook	2,218	172	7.8%	56	122	5.5%	39
McPherson	896	127	14.2%	18	38	4.2%	49
Meade	11,801	897	7.6%	57	800	6.8%	29
Mellette	616	193	31.3%	7	160	26.0%	6
Miner	916	91	9.9%	40 (T)	77	8.4%	22 (T)
Minnehaha	82,394	6,969	8.5%	51 (T)	7,225	8.8%	18 (T)
Moody	2,504	242	9.7%	42 (T)	162	6.5%	31 (T)
Oglala Lakota	2,731	1,262	46.2%	1	1,318	48.3%	1
Pennington	45,698	4,974	10.9%	32	4,060	8.9%	17
Perkins	1,254	156	12.4%	22	107	8.5%	20 (T)
Potter	1,021	66	6.5%	60	23	2.3%	58 (T)
Roberts	3,657	536	14.7%	16	426	11.6%	14
Sanborn	929	111	11.9%	26 (T)	57	6.1%	33 (T)
Spink	2,453	195	7.9%	55	122	5.0%	44 (T)
Stanley	1,272	30	2.4%	66	35	2.8%	56
Sully	624	53	8.5%	51 (T)	33	5.3%	42
Todd	2,474	937	37.9%	3	963	38.9%	2
Tripp	2,265	361	15.9%	15	267	11.8%	12
Turner	3,535	344	9.7%	42 (T)	312	8.8%	18 (T)
Union	7,124	746	10.5%	34	322	4.5%	48
Walworth	2,396	256	10.7%	33	129	5.4%	40 (T)
Yankton	9,792	874	8.9%	48 (T)	589	6.0%	35
Ziebach	724	230	31.8%	6	223	30.8%	3

Source: ACS 2023 5-year estimates, Table S2201

The table below summarizes SNAP usage by demographic characteristics across South Dakota counties. For each county, it shows the percentage of households receiving SNAP that have someone 60 years or older at home or have children under 18 at home. It also shows the percentage of families receiving SNAP that have at least one person working.

Pennington County ranks 39th in the percentage of households receiving SNAP that have someone 60 years or older at home and 31st in the percentage with children under 18. The county ranks 47th for the percentage of families receiving SNAP with at least one person working. Despite this relatively low ranking, nearly 70% of Pennington County families receiving SNAP have at least one person working.

Table 5. SNAP Usage by Demographic Characteristics in South Dakota Counties (2023)

County	% of households receiving SNAP with someone 60+ at home	Rank (60+)	% of households receiving SNAP with children under 18 at home	Rank (Children)	% of families receiving SNAP with at least 1 person working	Rank (Working)
Aurora	38.5%	36	67.3%	9	78.4%	40
Beadle	22.7%	61	58.9%	17	94.8%	12
Bennett	25.8%	57	68.3%	8	55.8%	58
Bon Homme	24.2%	60	58.4%	19	91.0%	19
Brookings	38.2%	37	40.0%	33	89.3%	25
Brown	39.7%	32	25.4%	60	79.7%	38
Brule	43.8%	21	29.7%	53	92.6%	15
Buffalo	26.1%	56	73.9%	3	39.4%	65
Butte	39.3%	34	44.8%	29	85.8%	29
Campbell	35.0%	44	42.5%	32	94.4%	13
Charles Mix	39.8%	31	54.1%	20 (T)	77.8%	41 (T)
Clark	71.0%	5	38.7%	35	100.0%	1 (T)
Clay	30.9%	52	37.7%	38	81.7%	35
Codington	34.7%	45	51.2%	24	85.5%	32
Corson	40.7%	29	69.8%	6	50.2%	61
Custer	34.3%	46	52.2%	23	96.9%	9
Davison	40.4%	30	37.3%	39	69.6%	48
Day	47.5%	18	35.4%	43 (T)	72.1%	45
Deuel	39.1%	35	43.5%	30	87.5%	26
Dewey	48.6%	17	66.2%	11	61.1%	57
Douglas	60.9%	11	30.4%	51	62.5%	55
Edmunds	64.6%	9	35.4%	43 (T)	91.7%	18
Fall River	31.8%	50	27.4%	58	87.2%	27
Faulk	75.0%	2	25.0%	61	66.7%	51 (T)
Grant	13.9%	66	61.8%	15	100.0%	1 (T)
Gregory	62.1%	10	16.7%	62	66.3%	54
Haakon	15.6%	64	62.5%	13 (T)	95.0%	11
Hamlin	33.3%	47 (T)	50.0%	25	100.0%	1 (T)
Hand	72.7%	3	29.1%	55 (T)	100.0%	1 (T)
Hanson	38.1%	38	33.3%	46 (T)	94.1%	14

County	% of households receiving SNAP with someone 60+ at home	Rank (60+)	% of households receiving SNAP with children under 18 at home	Rank (Children)	% of families receiving SNAP with at least 1 person working	Rank (Working)
Harding	66.7%	7 (T)	33.3%	46 (T)	100.0%	1 (T)
Hughes	14.4%	65	68.7%	7	89.6%	23
Hutchinson	36.9%	41	28.1%	55 (T)	90.1%	22
Hyde	70.6%	6	29.4%	54	82.3%	34
Jackson	24.4%	59	71.4%	5	49.7%	63
Jerauld	30.4%	53 (T)	32.6%	50	100.0%	1 (T)
Jones	100.0%	1	0.0%	66	100.0%	1 (T)
Kingsbury	55.2%	12	32.8%	49	69.0%	49
Lake	31.9%	49	48.6%	26	78.7%	39
Lawrence	35.2%	43	45.0%	28	92.0%	17
Lincoln	16.8%	63	61.4%	16	89.4%	24
Lyman	41.0%	28	64.0%	12	72.9%	44
Marshall	33.3%	47 (T)	62.5%	13 (T)	77.8%	41 (T)
McCook	45.1%	20	53.3%	22	90.3%	20
McPherson	31.6%	51	26.3%	59	50.0%	62
Meade	42.5%	25 (T)	34.3%	45	96.1%	10
Mellette	43.1%	23	58.8%	18	43.4%	64
Miner	46.8%	19	15.6%	63 (T)	68.4%	50
Minnehaha	26.5%	55	54.1%	20 (T)	92.2%	16
Moody	51.9%	14	38.3%	36	85.6%	31
Oglala Lakota	36.5%	42	79.7%	1	66.5%	53
Pennington	37.9%	39	43.1%	31	69.7%	47
Perkins	43.0%	24	35.5%	42	90.2%	21
Potter	43.5%	22	39.1%	34	81.0%	36
Roberts	42.5%	25 (T)	66.7%	10	80.8%	37
Sanborn	49.1%	16	29.8%	52	38.1%	66
Spink	52.5%	13	15.6%	63 (T)	83.3%	33
Stanley	71.4%	4	2.9%	65	100.0%	1 (T)
Sully	66.7%	7 (T)	33.3%	46 (T)	85.7%	30
Todd	20.9%	62	73.2%	4	55.5%	59 (T)
Tripp	49.4%	15	37.8%	37	76.5%	43
Turner	39.4%	33	36.9%	40	62.3%	56
Union	30.4%	53 (T)	48.1%	27	71.2%	46
Walworth	37.2%	40	27.9%	57	66.7%	51 (T)
Yankton	41.8%	27	36.3%	41	87.0%	28
Ziebach	25.6%	58	74.4%	2	53.5%	59 (T)

Source: 2023 ACS 5-year estimates Table S2201

Helpline Center Food Needs: Contacts and Referrals

The Helpline Center serves South Dakotans across the state by (among other services) connecting individuals to resources and support and providing referrals. Individuals can reach the Helpline Center by calling or texting 211 or by email or walk in. The Helpline Center tracks requests for resources and referrals, recording the needs expressed and ZIP code of those seeking help.

In support of this needs assessment, the Helpline Center shared contact and referral data from 2024. Augustana Research Institute filtered the data to include only referrals in Rapid City – area ZIP codes, then identified referrals related to food needs. The ZIP codes analyzed here include 57701 (central and northern Rapid City), 57702 (western and southwestern Rapid City), 57703 (southeastern Rapid City), 57706 (Ellsworth), 57709 (a PO box location in northern Rapid City), and 57719 (Box Elder and areas north).

The following table summarizes the total number of referrals made in each ZIP code, the number of those referrals that were related to food needs, and per capita rates of referrals and food-related referrals.

Table 6. Helpline Center Referrals by ZIP Code (2024)

ZIP code	Referrals	Food referrals	% Food referrals	Total population (2020 Census)	Referrals per 1,000 population	Food referrals per 1,000 population
57701	12,649	2,308	18%	46,258	273.4	49.9
57702	1,947	195	10%	33,162	58.7	5.9
57703	1,385	242	17%	16,933	81.8	14.3
57706	15	1	7%	2,168	6.9	0.5
57709	58	8	14%	N/A		
57719	806	110	14%	11,326	71.2	9.7
Total Rapid City – area referrals	16,860	2,864	17%	109,847	153.5	26.1

Source: Helpline Center

In both absolute and per capita terms, the 57701 ZIP code had the highest number of referrals overall and the highest number of food-related referrals. In fact, the per capita number of food-related referrals in this ZIP code was three times that in the ZIP code with the next highest per capita rate and twice the rate of Rapid City as a whole. The 57701 ZIP code, which encompasses areas in central and northern Rapid City, appears to have a much higher rate of need than other areas.

The following table summarizes the age, gender, and veteran status of people who received a referral via the Helpline Center compared to the characteristics of the Rapid City population as a whole. City demographics are taken from the American Community Survey, whose questions and categories differ slightly from the Helpline Center's data collection. For comparability,

percentages are calculated among referrals for which the demographic data was collected (excluding referrals where the question was declined or not asked).

In general, people receiving referrals are older than the population as a whole, with a median age of 58 among all referrals compared to 39 for the general population of Rapid City. Those receiving food-related referrals have a slightly lower median age than the overall referral population, at 49 years 2024.

In terms of gender, people seeking food-related referrals are more likely to be female compared to both the general referral population as well as the Rapid City population as a whole. In 2024, nearly two-thirds (64.4%) of food-related referrals in Rapid City were made to women.

Table 7. Helpline Center Referrals by Age, Gender, and Veteran Status (2024)

	Total population		In Helpline data		With food referral	
Total	76,836		16,860		2,864	
	people		referrals		referrals	
Age						
Age (median)	39		58		49	
Gender						
	#	%	#	%	#	%
Female	37,877	49.3%	934	55.6%	123	64.4%
Male	38,959	50.7%	746	44.4%	68	35.6%
Declined / Did Not Ask	N/A		15,180		2,673	
Veteran Status						
	#	%	#	%	#	%
Active military member	N/A		5	0.4%	0	0.0%
Veteran	7,740	10.1%	172	12.8%	19	14.1%
None of the above	N/A		1,165	86.8%	116	85.9%
Did not ask	N/A		15,518		2,729	

Source: ACS 2023 5-year estimates for Rapid City; Helpline Center

The following table summarizes the race and ethnicity of people who received referrals from the Helpline Center compared to characteristics of the Rapid City population as a whole. Compared to the general population, those receiving referrals (of any type) are more likely to be American Indian or Alaska Native (28.7% compared to 8.1% in the city population). Indigenous people make up an even greater percentage of people who received food-related referrals: in 2024 in Rapid City, 38.8% of food-related referrals were made to people who were American Indian or Alaska Native.

Table 8. Helpline Center Referrals by Race and Ethnicity

ZIP code	Total population		In Helpline data		With food referral	
Total	76,836		17,294		3,506	
	people		referrals		referrals	
Race						
	#	%	#	%	#	%
American Indian or Alaska Native	6,186	8.1%	356	28.7%	47	38.8%
Asian	982	1.3%	0	0.0%	0	0.0%
Black or African American	1,211	1.6%	9	0.7%	0	0.0%
Native Hawaiian or Other Pacific Islander	21	0.0%	13	1.0%	0	0.0%
White	60,144	78.3%	789	63.7%	60	49.6%
Multiracial	7,548	9.8%	72	5.8%	14	11.6%
Other race	744	1.0%	N/A		N/A	
Declined / Did Not Ask	N/A		15,621		2,743	
Ethnicity						
	#	%	#	%	#	%
Hispanic or Latino	4,288	5.6%	98	8.7%	3	2.9%
Not Hispanic or Latino	72,548	94.4%	1,023	91.3%	99	97.1%
Declined / Did Not Ask	N/A		15,739		2,762	

Source: ACS 2023 5-year estimates for Rapid City; Helpline Center

Food Distributed by Feeding South Dakota

Feeding South Dakota, the state's largest hunger-relief organization, distributes food directly to households as well as through partner agencies. The organization reported the following figures regarding their food distribution in the Rapid City area in fiscal year 2024 (July 2023 through June 2024). These numbers are not de-duplicated (e.g., students receiving BackPacks could also be served through the mobile distribution program or Wellness Pantry). They also do not include families served through agency partners.

Pounds of Food: In total (including pounds to programs and partner agencies), Feeding South Dakota distributed 2,137,886 pounds of food in FY24 which equates to 1,068,943 meals. This amount represents a 3% decrease from the prior year due to a drop in donated food, which resulted in less inventory. Feeding South Dakota filled as much of the gap as possible with purchased food, but could not financially meet the cost of pounds the prior year (or more). As a

result, families served through the mobile distribution program received fewer pounds of food in order to stretch the inventory to meet increasing program usage.

Mobile Distribution: From FY23 to FY24, the number of families served through mobile food distributions increased by 4.5%, reaching an average of 1,887 families served each month. In FY24, 11% of neighbors served through the Rapid City Mobile Food Distribution Program were new—they had not previously registered or been served.

BackPacks and School Pantries: Through the Backpack Program, Feeding South Dakota provides children with free, easy-to-make meals for the weekend and school breaks. In Rapid City, 11.25% more Backpacks were distributed in the 2023-2024 school year than the prior year. On average, 6,346 students received a Backpack unit of food each week during the school year. Additionally, an average of 70 families are served each month through the Rapid City Area High School food pantry, which is open one evening a month to any family that has a student within the district. This was a 68% increase over the prior year. In the 2023-2024 school year, the pantry also provided food during the school day to an average of 440 students each month who would otherwise not have been able to get a school lunch because they did not qualify for free/reduced lunch and their account balance was negative.

Wellness Pantry: In FY24, 538 people received food through a Wellness Pantry at Complete Health Center of the Black Hills when they screened food insecure at a medical visit. This includes 136 children, 313 adults, and 89 seniors.

The Geography of Food Security

This section presents the results of spatial analysis of the distribution of food security needs and resources across Rapid City. The first section focuses on identifying food deserts (i.e., low-income areas with limited access to grocery stores) and describing the characteristics of the population living in these areas. The second section explores the locations of charitable and retail food resources and resource gaps that emerge due to a mismatch in local needs and available resources.

Throughout both sections, maps are provided to illustrate findings. Thumbnail images of the maps accompany text descriptions. Full-size maps are gathered in an appendix at the end of this report.

Food Deserts

This section gives an orientation to food desert locations, overlaying food desert areas on maps of poverty rate, median family income, proportions of renter households, race and ethnicity, and the locations of food pantries charitable meals.

Food deserts are defined as low-income areas with low access to supermarkets. This report adopts the definitions of “low-income” and “low access” used by the United States Department of Agriculture’s Economic Research Service.²³

An area may be considered *low income* either because its poverty rate is 20% or higher or because its median family income is 80% or less of the median family income for the metropolitan area. In the Rapid City MSA, median family income is \$90,806, for an 80% threshold of \$72,644.80. That is, tracts with a median family income at or below \$72,644.80 are considered low income for this analysis.

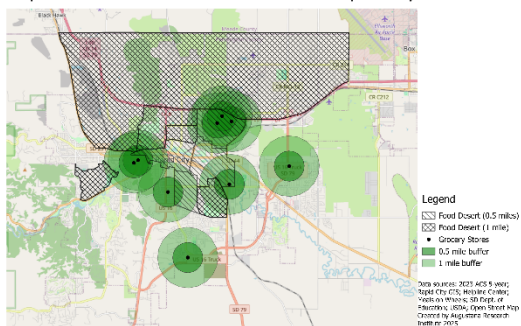
An area is considered to have *low access* to a supermarket if 33% of the tract’s population or at least 500 people live more than a half mile from a supermarket.²⁴ Additionally, a tract may be considered low access if at least 100 households without a vehicle live more than a half mile from a grocery store.

²³ Access the USDA ERS Food Research Atlas and accompanying documentation online at <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>. Last accessed May 5, 2025.

²⁴ Both half-mile and one-mile thresholds were analyzed in preparation of this report. However, because the half-mile criterion better represents realistic food access options for people traveling by foot, the reported results focus on the half-mile threshold.

Map 1: Supermarkets and Food Deserts in Rapid City

Supermarkets and Food Deserts in Rapid City

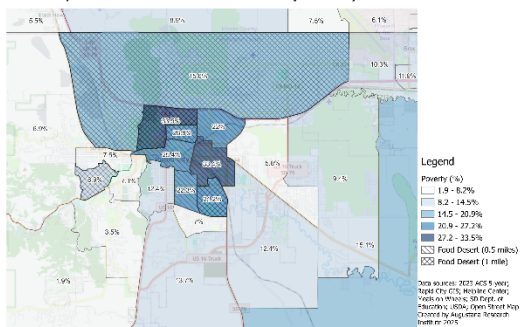


Food deserts (low-income areas with limited access to grocery stores) are concentrated in northern Rapid City. This map shows one-mile and half-mile food deserts as well as one-mile and half-mile buffers around grocery stores, demonstrating the lack of coverage in these areas of the city.

Using the half-mile threshold, an estimated 33,702 Rapid City residents live in food desert tracts. Most residents in these neighborhoods—an estimated 28,036 people—live a half mile or more from the nearest grocery store.

Map 2: Poverty and Food Deserts in Rapid City

Poverty and Food Deserts in Rapid City



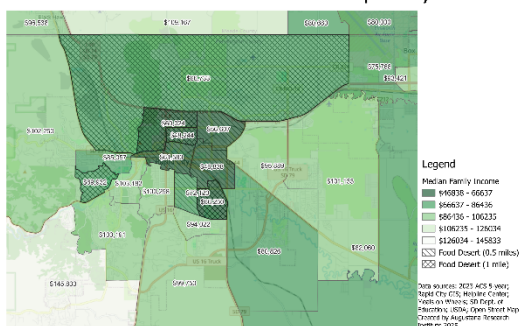
Nearly all of the food desert areas in Rapid City meet the poverty criterion for low income: that is, they have poverty rates of 20% or higher. As shown in Map 2, poverty rates in food desert tracts range from a low of 8.9% to a high of 33.5%.

People with incomes below poverty are disproportionately likely to live in food deserts: About 6,839 people of the 33,702 who live in half-mile food desert areas have incomes below poverty, a food desert area poverty rate of about 20% (compared to 13% citywide). While these half-mile food desert areas encompass about 44% of the city population overall, they are home to an estimated 70% of people with incomes below poverty.

Of note, the poverty level is set well below the income level needed to afford sufficient food. In 2025 in South Dakota, a family of four would be considered below poverty if their income was \$32,150 or less. By comparison, as outlined earlier in this report, the income needed for a family of four to afford sufficient food is between \$40,000 and \$56,000.

Map 3: Median Income and Food Deserts in Rapid City

Median Income and Food Deserts in Rapid City



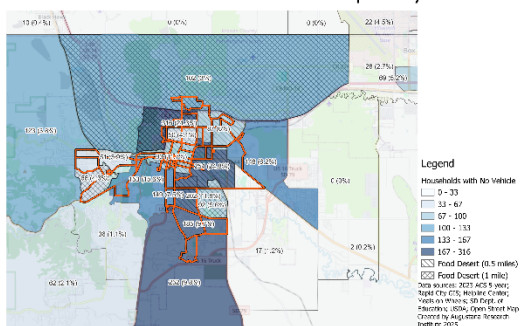
All of the food desert areas in Rapid City meet the median income criterion for low income: that is, they have median family incomes equal to or less than 80% of the metro area median family income.

In the Rapid City metropolitan statistical area, the median family income is \$90,806, and 80% is \$72,644.80. Median family income in food desert tracts ranges from \$46,838 to \$69,932. Median means half of the families in those tracts have income higher than the median and half have incomes lower.

While the median income in food desert tracts falls roughly in line with the amount needed to afford sufficient food for a family of four, it is important to consider that half of the families in each tract have incomes below the median. Also, median family income is not adjusted for family size; a family of five or more people would need higher income to afford food for additional members.

Map 4: Vehicle Access and Food Deserts in Rapid City

Vehicle Access and Food Deserts in Rapid City



Vehicle access varies widely across food desert areas. As Map 4 shows, in food desert tracts, the number of households with no vehicle access ranges from 50 to 316. The percentage of households with no vehicle is shown in parentheses.

“Low vehicle access” indicates food desert areas where at least 100 households without a vehicle live more than a half mile from a grocery store. In Rapid City, four tracts are flagged as low vehicle access food desert areas, having 100 or more households with no vehicle.²⁵ These four tracts are

- Census Tract 107 – From South Street on the north down to Fairmont Boulevard, between 5th Street to the west and Elm Avenue to the east.

²⁵ Rapid City has more than four tracts with 100 or more households with no vehicle. However, not all are considered low vehicle access food deserts because not all meet the additional low-income criteria.

- Census Tract 114 – From Sturgis Road on the west to West Gate Road on the east, extending from I-90 on the south northward to the county line. This tract also includes the area along Deadwood Avenue from I-90 southward to West Omaha Street.
- Census Tract 105 – East of downtown bordered, roughly, by East Boulevard to the west, East Saint Patrick Street to the south, East North Street to the north, and Cambell Street to the east.
- Census Tract 103 – Northwest of downtown, encompassing the area west of Nickel Street between I-90 and Rapid Creek as well as the area between Nickel Street and North Maple Avenue from Anamosa Street to I-90.

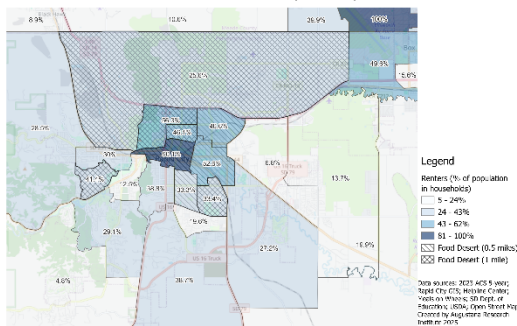
In total, these four tracts are home to 7,606 households, of which 874 have no vehicle; an additional 3,064 households have only one vehicle. An estimated 782 of the households with no vehicle live at least a half mile from the nearest grocery store.

All of the low vehicle access areas are served, to some degree, by Rapid Transit. However, as described later in this report, focus group participants described difficulty using the bus system, with issues bringing groceries home on the bus and accommodating bus schedules and routes.

In food desert areas with higher rates of vehicle access, distance from grocery stores may be less of a concern for residents. That said, low-income families with vehicles may still struggle to pay for gas or repairs and upkeep to keep vehicles running reliably.

Map 5: Renters and Food Deserts in Rapid City

Renters and Food Deserts in Rapid City

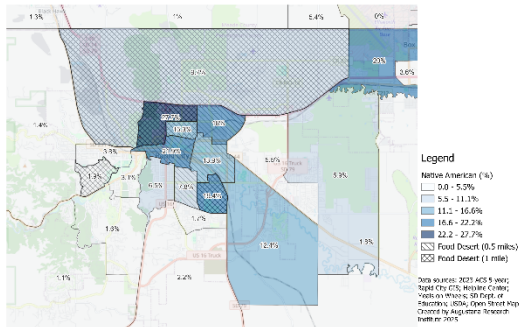


Compared to other areas, food desert tracts tend to have higher proportions of renters. Map 5 shows the percentage of the population in each tract that lives in rental housing; this figure varies across food desert tracts from a low of 25.6% to a high of 90.1%.

In half-mile food desert areas, 7,523 people (37% of the population) live in rental housing. By comparison, across Rapid City, about 34% of the population lives in rental housing.

Map 6: Race and Food Deserts in Rapid City

Race and Food Deserts in Rapid City



In Rapid City, Indigenous people have an elevated risk of living in a food desert. Map 6 shows the percentage of the population that identifies as Native American. Across food desert tracts, the percentage ranges from 1.9% to 27.7%. In all but two food desert tracts, the percentage is higher than the citywide 8%.

In half-mile food desert areas, 5% of the population identifies as Hispanic or Latino, 1% as Black, and 14% as Native American. By comparison, in Rapid City as a whole, 6% of the population identifies as Hispanic or Latino, 2% as Black, and 8% as Native American.

Put in other terms, 76% of Rapid City's Indigenous population lives in half-mile food desert areas.

Resource Gaps

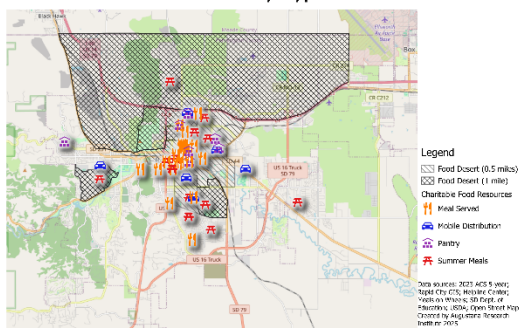
This section explores food access via different categories of charitable food resources, including those that serve a meal, mobile distributions, food pantries, and summer feeding program sites. Recognizing that charitable resources often have eligibility restrictions or limited days and hours of availability, this section also maps access to charitable resources for different subpopulations and during evenings and on weekends. Note that the resources depicted on the following maps represent a snapshot of resources identified at the time of the report. Availability of resources can be expected to change over time.

This section also shows the locations of convenience and specialty stores, which may serve as retail food sources in addition to grocery stores.

Charitable Food Resources

Map 7: Charitable Food Resources by Type

Charitable Food Resources by Type

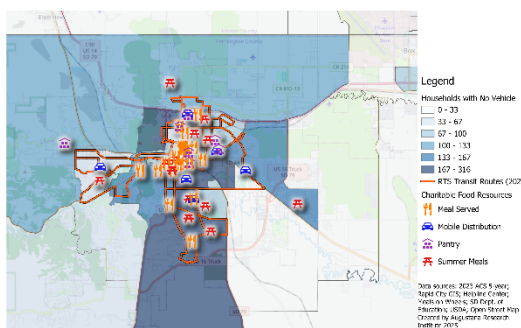


Map 7 shows the distribution of four types of charitable food resources: those that serve a meal, mobile distributions, food pantries, and summer feeding program sites.

Charitable resources serving meals are densely packed near downtown Rapid City, whereas mobile distributions, food pantries, and summer meals are more geographically dispersed. In northern Rapid City, most of which is considered a food desert, there are few charitable resources located west of Haines Avenue or north of Highway 14/I-90.

Map 8: Charitable Food Resources and Vehicle Access

Charitable Food Resources and Vehicle Access



Accessing charitable food resources requires that they be walkable or that visitors have transportation available. Map 8 shows charitable food resources overlaid on areas shaded according to the number of households with no vehicle. RTS transit routes are also shown.

Notably, the food desert area west of I-90, encompassing Memorial Park, and the area between Anamosa Street to the south and I-90 to the west, has limited charitable food resources accompanied by a high number of households with no vehicle access.

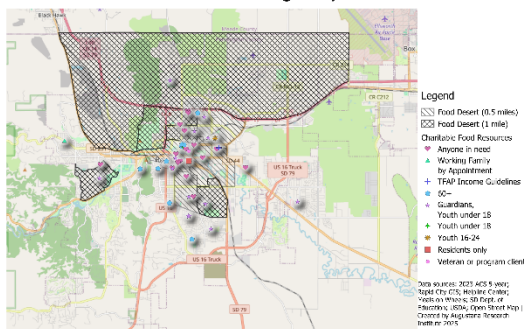
As focus group participants shared, certain food resources—particularly mobile distributions—can be difficult to access without a car to transport food home. The amount of food received at mobile distributions is too much for most people to carry on foot or bike or to bring on a bus.

Subpopulations

This section examines the availability of charitable food resources for subpopulations, including older adults, guardians of children, and youth.

Map 9: Charitable Food Resources: Eligibility

Charitable Food Resources: Eligibility



Map 9 shows the distribution of charitable food resources by eligibility. It reveals that several of the resources concentrated in downtown and near north Rapid City are in fact restricted to subpopulations.

Of nearly 50 charitable food resources identified, less than half are available to anyone in need. The rest restrict eligibility to certain subpopulations. Even among those resources available to anyone in need, limited hours pose a barrier to access.

Examples of eligibility restrictions include the following (counts reflect a snapshot of resources identified at the time this report was compiled):

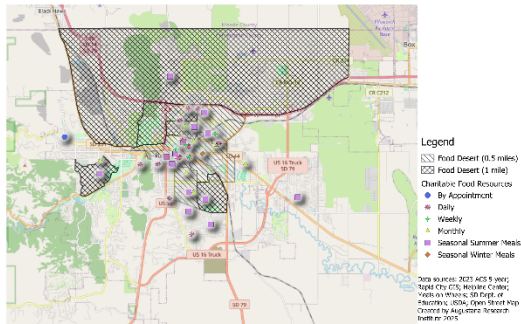
- Guardians of children and youth under 18: all summer feeding sites
- Ages 60+: several resources, all of which were meals served on weekdays only at the time of this report
- Visitors must meet TFAP income guidelines: a couple of resources (food pantries)
- Residents only: Cornerstone Rescue Mission
- Working family by appointment: a food pantry
- Youth ages 16 to 24: a food pantry
- Youth under 18: a meal served

Hours and Days of Operation

The following maps detail the frequency, hours, and days during which charitable resources are available.

Map 10: Charitable Food Resources: Frequency

Charitable Food Resources: Frequency



The frequency at which charitable food resources are available varies. Map 10 shows which resources are available by appointment, daily, weekly, monthly, or seasonally in summer or winter.

Of the nearly 50 charitable food resources identified at the time of this report, less than one-third are available daily (defined as at least 3 days per week). Of those, less than 5 are available to anyone in need. None are open during evening hours nor on weekends.

Additionally, a handful of resources (less than 10, at the time of this report) are available weekly, including a few that are open on weekends or during evening hours. Only a few of the weekly resources are available to anyone in need.

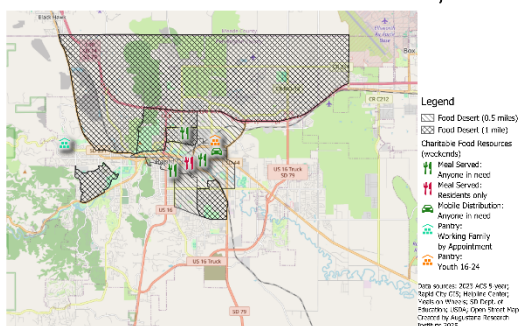
Monthly available resources include the Feeding South Dakota mobile distributions and a small number of community meals. As of the time of this report, all are available to anyone in need, but only one is available on a weekend.

Seasonal resources include over 15 summer feeding sites as well as a meal served for youth at the Club for Boys. Only one seasonal winter meal was identified: a food truck community feed on the last Sunday of the month.

Finally, one resource—the Lamb Chop Pantry—is available by appointment only.

Map 11: Charitable Food Resources: Weekend Availability

Charitable Food Resources: Weekend Availability



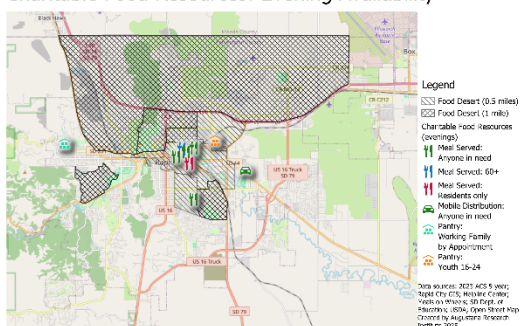
For people with regular weekday obligations, it can be difficult to access food resources unless they can be visited on the weekend. Map 11 shows the charitable food resources that are available on weekends (i.e., on Saturday or Sunday).

Of the less than 10 resources available on weekends, less than half are available at least weekly. The others are only available monthly or by appointment, or only during the winter season.

Of the few resources available at least weekly, only one (at the time of this report) is available to anyone in need: a Saturday meal served by Jesus' Hands.

Map 12: Charitable Food Resources: Evening Availability

Charitable Food Resources: Evening Availability



People who work conventional hours—or who rely for transportation on friends or family who do—may struggle to access food resources unless they are available after 5 PM. Map 12 shows charitable food resources with evening availability (i.e., those that remain open for at least 1 hour after 5 PM).

Of the approximately 10 resources shown, only about half are available at least weekly. The others are only available monthly or by appointment.

Of the resources available at least weekly, only a few are open to anyone in need, including Wiener Wednesdays (Wednesday dinner) and Pejuta Waste Oyate at Memorial Park Bandshell (Friday dinner).

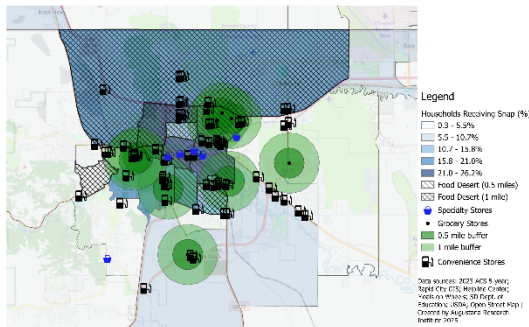
Additional Food Resources

Rapid City has many convenience stores. Typically, these stores carry a selection of snack foods, ready-to-eat foods, and sometimes hand fruit or other limited produce options. While convenience stores offer convenient access to food, they do not offer the selection of a grocery store, and they tend to be more expensive.

Additionally, specialty stores sell food but typically focus on a certain type of food, such as meats, spices, or organically grown produce. Compared to grocery stores, they have a smaller selection and tend to have higher prices.

Map 13: Retail Food Resources: Convenience and Specialty

Retail Food Resources: Convenience and Specialty



Map 13 shows the distribution of convenience stores and specialty stores. While they offer some measure of food access in areas that would otherwise have none, they do not necessarily solve nutrition or affordability gaps.

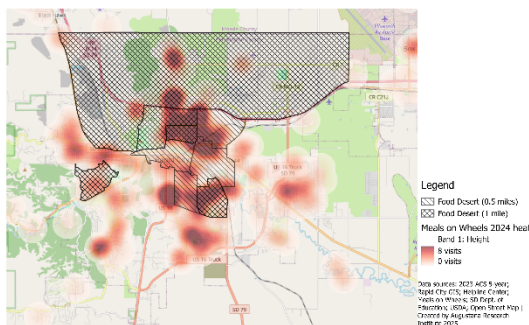
The term “food swamp” has been proposed to describe food deserts with limited access to fresh, nutritious food, but abundant access to calorie-dense foods (e.g., fast food or convenience store foods). This term highlights the importance of nutrition and food type in discussions of food access.²⁶

Given that transportation presents a barrier to food access, some food resources have turned to home delivery. On the retail side, stores may offer delivery or pickup, either directly through the store or via an app such as Instacart.

Among charitable food resources, Meals on Wheels serves meals for adults age 60 and over, and for those who are unable to travel to meal sites or grocery stores due to health conditions, the program offers home delivery.

Map 14: Charitable Food Resources: Meals on Wheels

Charitable Food Resources: Meals on Wheels



Map 14 shows one month of Meals on Wheels home deliveries (May 2024). Darker shading reflects areas with more deliveries.

²⁶ Rose, Donald, J. Nicholas Bodor, Paul L. Hutchinson, and Chris M. Swalm. 2010. The Importance of a Multi-Dimensional Approach for Studying the Links between Food Access and Consumption. *The Journal of Nutrition*, 140(6), 1170–1174.

The heatmap reveals that, while lower income households and neighborhoods face special struggles around food access, households across Rapid City may struggle with barriers that prevent them from traveling to access food or preparing food at home.

Areas of Greatest Need

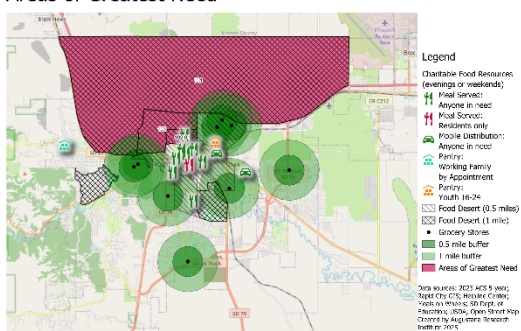
Taken as a whole, the geographic analysis of food security reveals that food access is not evenly distributed across Rapid City. Instead, residents of some neighborhoods face higher barriers to meeting their food needs. In particular, the areas of greatest need appear to be between North Street and I-90, that is, the following three food desert areas:

- Census tract 102.01: northern Rapid City between North Street and Anamosa Street
- Census tract 103: west of West Boulevard/Roosevelt Expressway and the area between Anamosa Street and Highway 14/I-90
- Census tract 114: the large area north of Highway 14/I-90, extending to the county border

All three areas are low-income areas with low access to grocery stores (i.e., food deserts) and with limited availability of nearby charitable food resources.

Map 15: Areas of Greatest Need

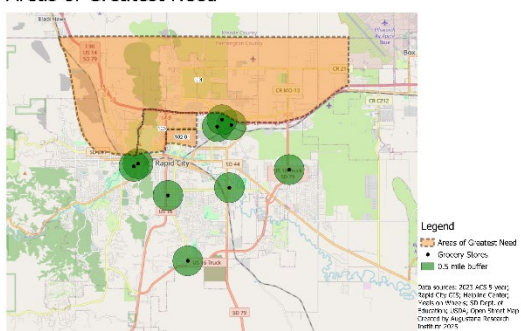
Areas of Greatest Need



Map 15 shows the three areas identified as those of greatest need, along with nearby charitable food resources available at least weekly on weekends or evenings and grocery stores (with half-mile and one-mile buffers).

Map 16: Areas of Greatest Need (Simplified Version)

Areas of Greatest Need



Map 16 offers a simplified view of the three areas identified as those of greatest need, shown with grocery stores and half-mile buffers.

The table below summarizes demographic information about the three areas of greatest need.

Table 9. Demographic characteristics of the areas of greatest need

Census tract	Total population	Total households	Median family income	# below poverty (%)	# with SNAP (%)	Households with no vehicle (%)	% Hispanic or Latino	% Native American
102.01	2,890	1,221	\$48,244	770 (26.8%)	167 (13.7%)	50 (4.1%)	10.7%	15.3%
114	7,990	3,379	\$66,733	1,233 (15.6%)	544 (16.1%)	102 (3.0%)	2.9%	9.7%
103	3,160	1,482	\$60,024	1,007 (33.5%)	388 (26.2%)	316 (21.3%)	9.9%	27.7%

Taken together, these three areas are home to over 14,000 people and over 6,000 households. Compared to Rapid City as a whole, these three areas have a more racially diverse population. In particular, Hispanic or Latino and Native American residents are overrepresented in these areas.

The median family income ranges from \$48,244 (53% of the Rapid City MSA median) to \$66,733 (73% of the MSA median). Over 3,000 of the area's residents are living at or below poverty, with area poverty rates ranging from 15.6% to 33.5%. In total across the three areas, nearly 1,100 households receive SNAP benefits. While nearly all households in tracts 102.01 and 114 have access to at least one vehicle, in tract 103 an estimated 1 in 5 households have no vehicle available.

Focus Group Findings

This section presents findings from a series of eight focus groups conducted from August through October, 2024. In order to explore the breadth of experiences related to food access and food security, different populations were recruited for each focus group. Focus groups included adults aged 60 and older, parents and guardians of children, postsecondary students, Indigenous relatives, people experiencing homelessness or housing insecurity, youth ages 16 to 24 experiencing homelessness or housing insecurity, and veterans experiencing homelessness or housing insecurity. An eighth focus group was held with representatives from organizations that provide services related to food security.

Focus Group Participants

In total, 87 people participated in a focus group, and another 4 completed a phone interview, for a total of 91 people. Participants ranged in age from 18 to 77 with somewhat more women (62%) than men (35%). About 43% of participants identified as American Indian or Alaska Native, 38% as white, and 12% as multiracial. Participants represented households ranging in size from single adults (36% of participants) to 5 or more people (16%).

About one-third (35%) of participants were employed full or part time, while another 22% were looking for work. About 18% were unable to work due to disability or illness, while 12% were retired and 11% were students. Participants' annual household incomes ranged from less than \$10,000 (40% of participants) to \$100,000 or more (5%), though the vast majority of participants had incomes of \$50,000 or below.

Roughly half (52%) of participants lived in North Rapid, while 14% reported West Rapid as home and 12% said they lived in Central Rapid or downtown. Smaller numbers came from Black Hawk, Box Elder, Rapid Valley, and the neighborhoods of Robbinsdale and South Rapid.

Participants were asked to complete a food security screening (the USDA short-form food security screening tool). By this measure, 62% had very low food security, 15% had low food security, and 16% had high or marginal food security.

Asked to identify the factors that affected their food access in the past year, participants mostly common selected the following from a list that was provided:

- Rising food prices (54%)
- Lost work or had pay or hours cut (29%)
- Increase in rent or other housing costs (26%)
- Transportation issues (24%)
- Illness or medical condition (18%)
- Medical bills (15%)
- Other issues (15%)

The other issues participants wrote in included reduced SNAP benefits, jail, uncomfortable interactions with food resource staff or volunteers, hours of availability of food resources, expenses for children, time, and weather.

Finally, participants were asked whether food access has contributed to a chronic health condition for anyone in their household. In response, 30% affirmed that food access was a contributing factor for a chronic health condition.

A table outlining the number of participants in each of the groups and their demographic characteristics can be found in the appendix to this report.

Grocery Shopping

Where do people shop for groceries and what do they value in a grocery store? The chart below shows the grocery stores that were most frequently mentioned during focus groups.

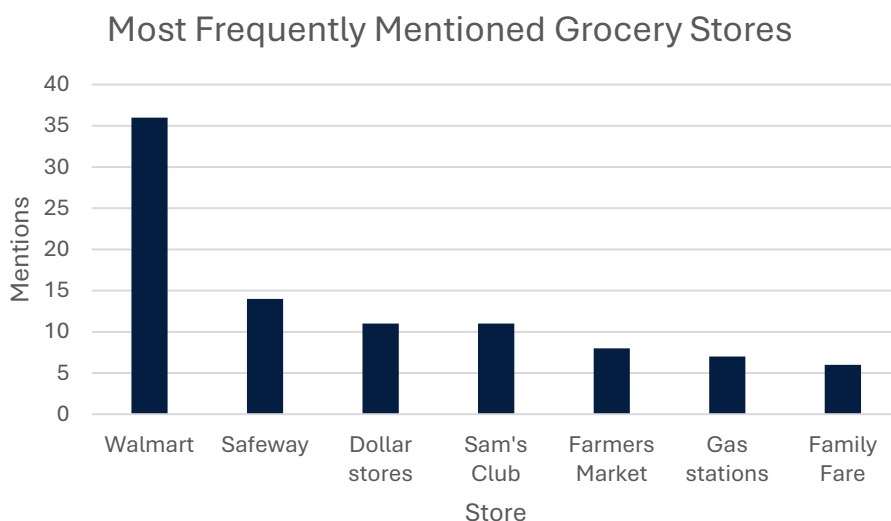


Figure 1. Most frequently mentioned grocery stores

Note: In addition to the stores shown in the chart, the following stores were mentioned once each: Breadroot, Buy Right, Costco, Dakota Seafood, Fareway, Target, Walgreens/drug stores

Though people facing food insecurity may supplement their menus with food from food pantries or other charitable organizations, many purchase a significant portion of their food from retail grocery stores. Overall, people shop for groceries strategically: they go to stores with the lowest prices, watch for sales and discounted items, and buy in bulk or consolidate shopping trips to reduce time and money. Several commented on limited grocery options in Rapid City, especially people who had moved from other communities. When it comes to desired grocery stores, people want more accessible locations and more affordable prices.

By and large, Walmart was the most popular grocery store among focus group participants. They saw Walmart as the most affordable option in town and appreciated that a trip to Walmart can be a one stop shop where they can get most of what they need. However, some people find the shopping experience at Walmart unpleasant: the store is large and crowded, and shoppers reported they sometimes encounter bare shelves. Additionally, participants mentioned that Walmart is not always the most convenient due to location and lack of transportation. But for most, these factors were outweighed by affordability. As one participant in the older adult focus group summed it up, “I have no choice. I have to shop at Walmart because I can't afford anything else.” Stores like Safeway or Family Fare may be closer or more pleasant, but they are seen as more expensive. Focus group participants generally considered Safeway the most expensive grocery store option, and people seem to avoid going there. One veteran said, “The cost of living is, you know, you go to these grocery stores, like, especially Safeway, their prices are crazy.” When they do shop at Safeway or more expensive stores, they wait for sales, coupons, or deals on the mobile app and stock up.

Across focus groups, people said they choose alternatives to grocery stores in search of deals or convenient locations and hours. Some participants invested in Sam's Club memberships: despite the upfront cost of the membership, they found that buying in bulk at Sam's Club is a more affordable option than other grocery stores, particularly if they have larger households. A participant in the parents and guardians focus group explained, “It's one of the reasons we got a membership at Sam's because the bulk stuff at Sam's is so much cheaper than anywhere you can shop.” Sam's Club was especially mentioned by participants in focus group of parents and guardians.

Others choose to buy groceries at dollar stores because they see it as most affordable and find that the smaller sized packages sold at dollar stores meet their needs. Typically, people shopping at dollar stores find canned goods and dry or boxed goods there. Dollar stores best meet the needs of single people and those with small households, and this option was mentioned particularly by youth and older adults.

Although gas stations are recognized as more expensive than other grocery stores, their open hours are more convenient. Participants pointed out that gas stations are one of the few options available to parents and guardians who need to make a late-night diaper or milk run or to those unable to get to a store during daytime hours. An Indigenous relative observed, “Since they shut down the grocery stores at midnight, all the gas stations get sales now, that's where everyone's going.” For people struggling with transportation, gas stations are also often the closest place to get food, despite the higher cost. And for those who do not have access to a kitchen, gas stations offer a selection of premade food items and a place to microwave food.

The farmers market was mentioned by a handful of people who saw the produce sold there was fresher, higher quality, and longer lasting than produce available from stores. Participants like the farmers market because it gives them the option to double their SNAP benefits, but its operating season and open hours are both limited. Asked how food access could be improved in Rapid City, an older adult responded, “I would say yeah more access to like farmers market

close by, more than once a week.” People were not universally aware they could use SNAP at the farmers market: in groups where this topic came up (among the older adults, parents and guardians, and people who are unhoused), most participants were surprised to learn they could use SNAP at the farmers market.

Food Resources

Where do people go to get help meeting their food needs? The chart below shows the food resources that were most frequently mentioned.

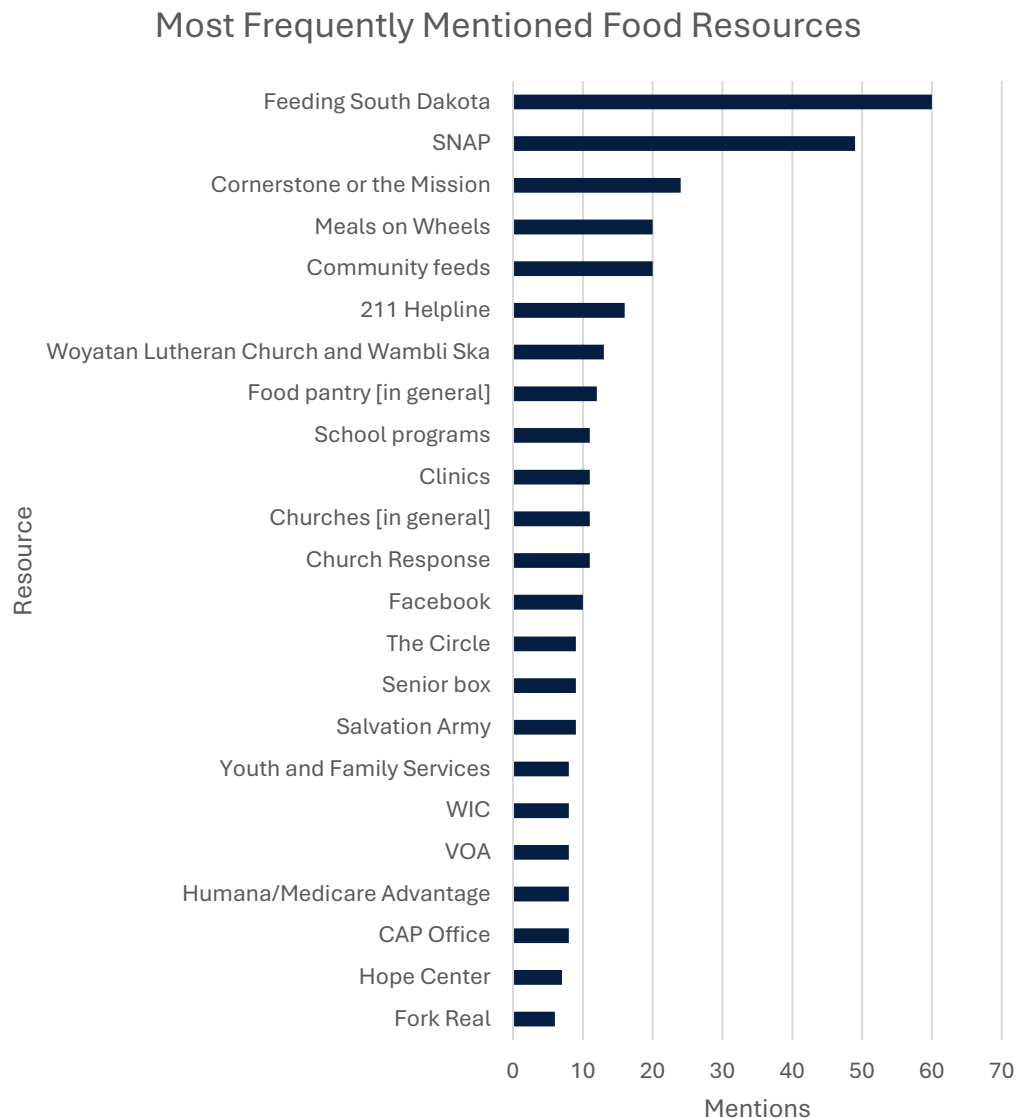


Figure 2. Most frequently mentioned food resources

Note: In addition to the resources shown in the chart, the following were mentioned in five or fewer quotations: YMCA, Club for Boys, Community Health Workers, Monument Health, Rapid

City Police Department, Journey On, Mommy's Closet, Mother Butler, university/college food pantries, Project Recovery, STEPS, school lunch programs, soup kitchens [in general], ARC/Addiction Recovery Center, LSS-Arise, Love Inc, Minneluzahan, One Heart, Oyate Health Center, TANF

Participants were asked to talk about the food resources of which they were aware. In general, their responses fell into the following categories: resources for anyone in need of help; resources related to addiction recovery; resources for students, children, and youth; resources for parents and guardians of children; resources for college and university students; resources for older adults; and resources for veterans.

Resources for anyone in need of help

Among the most frequently mentioned resources were those intended to serve anyone in need of help. These include organizations whose missions center around food access and food security as well as churches and faith-based organizations, government assistance programs, human services agencies offering a range of services, and health and public safety agencies.

Organizations with food-focused missions

Organizations with food-focused missions include Feeding South Dakota, various smaller food pantries, groups holding community feeds, and Fork Real. These organizations were understood as low barrier, easy to access resources for anyone who needs help meeting their food needs.

Among all food resources, Feeding South Dakota was most widely known and named by focus group participants. Feeding South Dakota emerged as a well appreciated and used resource, but people experience issues with being able to access locations of mobile distributions due to time or transportation constraints, being able to carry their food home, and occasionally receiving expired or moldy food. While people appreciated the abundance of food received in boxes at mobile distributions, they pointed out that the amount of food can be difficult to carry for people without transportation, and it may be more than some households need since boxes are not adjusted by household size. An older adult had observed this can lead to food waste: "Yeah, sometimes they do give you too much. I'll go by the garbage, people are throwing like the carrots, potatoes, stuff right in the garbage. They shouldn't take it if they're not going to use them."

Community feeds were also commonly named. People do not necessarily know who organizes the community feeds, and they rely on word of mouth to find out about them. Several people mentioned small food pantries (e.g., pantries kept by clinics or churches), though more often, they said they visited Feeding South Dakota mobile distributions. A handful of people said they sometimes pick up food from little free pantries. Fork Real was mentioned by a few people, who described it as a place people can do work in exchange for a meal. Those familiar with it described the model positively and also appreciated the quality of the food.

Churches and faith-based organizations

Churches and faith-based organizations were frequently mentioned. Participants were not necessarily aware—or did not mention—that organizations were faith based (other than churches). Faith-based organizations mentioned by participants include Church Response, churches in general, Mother Butler, Woyatan Lutheran Church and Wambli Ska, Love Inc., the Cornerstone Mission, and the Hope Center. Participants understood these resources as generally helpful and low barrier with the caveat that a few participants reported uncomfortable interactions or discrimination from these organizations.

Additionally, participants felt that churches could do even more to serve the community, and there was widespread disappointment among participants at the Hope Center's closing. An Indigenous relative explained, "The Hope Center always posted [information about resources]. And now we don't have it anymore. It was a big impact! It was kind of devastating." Similarly, participants observed that the Cornerstone Mission used to be a more accessible resource until they limited who they would feed. An older adult recounted, "Like the Mission, they quit feeding the public.... So now, if you're a senior...[or] families with children can eat at the Mission."

Awareness and opinions about faith-based organizations varied across focus groups. Indigenous relatives especially mentioned Wambli Ska and saw Woyatan Lutheran Church as all around helpful, welcoming, and inclusive. People who were unhoused also recognized Woyatan Lutheran Church as an important resource and said they found the meals there accessible and welcoming. Mother Butler was mentioned by Indigenous relatives (who appreciate that they have buffalo meat available) and by parents and guardians of children. People who were unhoused shared that they would like to see Rapid City churches do more for the community—specifically, opening their buildings as warming shelters or overnight shelters. Youth, more so than other groups, said they go to churches for hot meals sometimes, but some also shared that, in their experience, certain faith-based organizations or volunteers had been heterosexist or transphobic (churches, Salvation Army). Across all groups, Church Response was frequently mentioned as a widely used resource that provides people with weekly food bags. Also across all groups, people lamented the loss of the Hope Center, especially as a central hub for exchanging information about available resources.

Government assistance

Participants across groups were aware of government assistance programs, particularly the Supplemental Nutrition Assistance Program, or SNAP (also referred to as food stamps or EBT). The exception was among college and university students (who were less aware of this program and unsure whether they were eligible as students) and youth (many of whom had recently learned about this program or were in the process of applying). In general, people were surprised to learn they could use SNAP at the farmers market: in focus groups, one or two individuals knew about this option and shared it with the groups. When other participants learned about this, the idea was well-received.

In addition to SNAP, participants mentioned both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Food Distribution Program on Indian Reservations (FDPIR) (more commonly known as the commodity food program). Though WIC was mentioned by several parents and guardians, it was seen as supplemental; even formula provided by WIC was not seen as enough to sustain an infant. The commodity food program was mentioned by a handful of people who had previously lived on a reservation or who had family on a reservation who use this program.

For people who receive SNAP, many said it was their primary source of food (that is, they obtain most of their food by buying groceries with assistance via SNAP). But when mentioning SNAP, participants often brought up limitations of the program: The application and re-certification process are burdensome and the amount of SNAP assistance people receive varies with income. In many cases, people reported they lost benefits due to a change in income, and they did not see the tradeoff as proportional; nor did they see their SNAP benefits increase to keep up with inflation. Further, participants noted that SNAP income eligibility thresholds are set too low to address food insecurity: people who earn too much to qualify for SNAP still struggle to meet their food needs.²⁷ These barriers are discussed further in the section of this report addressing barriers and gaps.

Human services

Several people mentioned human services agencies that help with food—though it is not a central part of their mission or services, they may provide occasional help, a small food pantry, or gift cards. Agencies mentioned include the Western SD Community Action Agency (CAP office), Salvation Army, One Heart, and the YMCA. Participants mentioned that the Salvation Army gives gift cards to Family Fare and was seen as a good place for help with food. Seniors in particular said they enjoyed meals at the YMCA (though younger people are not eligible). As one veteran explained, “The YMCA, I think it’s a very good program. It’s in their cafeteria, and it’s a well-balanced meal, and they’re very courteous and friendly, you feel welcome there.... But the requirements, you have to be over 60.” The CAP office in particular was mentioned as a connection and referral point that helps people identify more specific resources to address various needs, including food security. For participants, the CAP office was seen as a good place to get information about other resources in Rapid City; they also provide different educational opportunities, have a community garden, and can support people in getting identification and completing paperwork. As one participant in the parents and guardians focus group explained, “Once we got into the CAP office, then they even kind of opened up everything else for all the programs that were out here.”

²⁷ In South Dakota, as of the time this report was produced, SNAP income limits are a gross monthly income of 130% or a net monthly income of 100% of the federal poverty guidelines. For a family of three, that means a gross monthly income under \$2,798 and a net monthly income under \$2,152. Households are also subject to an assets test: they must have no more than \$3,000 in countable resources (e.g., a bank account or second vehicle), or \$4,500 if at least one person in the household is a person with a disability or age 60 or older.

Health services

Food security is increasingly recognized as a social determinant of health, and health services providers offer some assistance with food. Though clinics and other health services were not as widely mentioned as other types of food resources, they did come up at least briefly across most groups. In particular, participants described clinics as both referral sources and places that occasionally helped with food, community health workers who help improve access, and Humana (Medicare Advantage) programs that assist with food. Additionally, though some people were aware of produce prescription (or PRx) programs in other communities, they were not aware of any available in Rapid City.²⁸

Clinics primarily serve as a source of referrals to food resources, though Complete Health (a federally qualified health center) was identified by both providers and youth as a place to obtain food. Complete Health receives food from Feeding South Dakota that they can distribute through an on-site pantry to those who need it; they also maintain a community garden and put out produce for people to pick up for free. Monument Health was also mentioned as having a food pantry as well as providing diapers and wipes. One veteran said he receives Glucerna through the VA to help meet his dietary needs. However, for the most part, participants described clinics as places they had received referrals or help getting connected to other food resources. One older adult said, “counselors over at the clinic have been helping me out with everything. They gave me the phone numbers, they put me on the internet, and they helped me with everything I need to know [about signing up for Meals on Wheels and other programs].”

Community health workers (CHWs) were also mentioned by both providers and participants in other focus groups as a valuable resource for helping people access food, though awareness was not widespread. An older adult reported that CHWs are able to pick up food as a proxy for someone else, though a participant in the Indigenous relatives group (who was herself a CHW) reported having trouble with staff or volunteers at a Feeding South Dakota distribution who told her she was no longer allowed to pick up for others. CHWs were not discussed in other groups. In the focus group with providers, a CHW from Monument Health explained that patients can contact Monument Health and request a CHW to serve as their proxy to pick up senior boxes; however, other providers in the group were not well aware of this option.

Among older adults, some people reported using their Humana card to buy food, pet food, or hygiene products (e.g., toilet paper). However, there was quite a bit of disagreement and confusion among participants in the group about how this program works and what types of food items qualify or how to access these benefits through Humana.

Finally, some participants were aware of produce prescription (PRx) programs in other communities and wished they were available in Rapid City. They described the Food as Medicine trial in Sioux Falls, where people receive a voucher for food through a clinic; they were

²⁸ For example, Dakota Food Rx was being piloted in the Northern Black Hills (Sturgis, Spearfish, and Belle Fourche areas). In Rapid City, a small produce prescription project was being run in partnership between South Dakota Mines and Breadroot. Other PRx programs may have existed but been unknown to participants.

also aware of a similar program through the Oyate Health Center but believed it was only open to people with diabetes.

Public safety

Public safety agencies—specifically, Probation Services and the Rapid City Police Department—were mentioned as resources. Although no participants in the community member focus groups mentioned the police department, providers did. They explained that the police department's Community Engagement Division focuses on neighborhood intervention in areas of the community experiencing higher rates of violence, which are often also food deserts. They have a food pantry in the Knollwood Town Homes area and are looking at setting up another in the Star Village area, plus they take referrals from officers responding to calls for service who realize families need support, including food needs. They pointed out that a look at crime stats revealed that, in the Knollwood Townhomes area, most of the crime in convenience stores is petty, usually stolen food, so resolving food needs can promote public safety.

Among community members, public safety agencies were mentioned by people who are unhoused. While they appreciated the efficiency with how probation officers, for example, could connect people to resources, they argued that an increase focus on prevention could help people before they get in trouble with the law. As one woman who was unhoused explained, "You get the most help when you're already in trouble... If you have a charge of things and a probation officer, they're like, you're automatically eligible for stuff." She said she would like to see more help navigating and accessing resources as prevention.

Resources related to addiction recovery support

Resources related to addiction recovery support were not mentioned very many times, but for those struggling with addiction, they help with housing and food access. A handful of participants shared their journey through recovery, including involvement with the justice system and time spent in transitional housing programs during which they connected with other organizations to help meet various needs. Resources mentioned by participants include the Addiction Recovery Centers of the Black Hills (ARCBH), probation and parole, and Project Recovery.

Resources for students, children, and youth

Several programs are intended to serve students, children, or youth. The variety of programs mentioned in this category includes school-based programs such as school lunch and backpack programs, summer feeding programs, and more comprehensive programs from youth-serving agencies such as the Club for Boys, the LSS Arise Youth Center, Passages, Abbott House and foster homes more generally, and The Circle. Additionally, transportation through Journey On's Support Team Encouraging Perseverance and Strength (STEPS) program was also mentioned. During the youth focus group (which was held at The Circle), youth participants agreed that The Circle is the first place they would refer a young person who needed help—whether with food or other needs.

Parents and guardians of children had the greatest awareness of school-based programs. Most of the parents and guardians of school-age children said their children ate school lunch, though they shared some complaints about the food quality and restrictions on student choice and sharing elements of their lunches at school. Parents and guardians as well as providers held up the summer feeding program as an exemplar of an accessible, quality food resources: summer feeding sites were seen by families as very beneficial and accessible. As one parent said, “The kids could eat anywhere... They’re all across town.” They were aware that adults could also eat at some summer feeding sites. Similarly, the backpack program was also appreciated by parents and guardians, though both parents and guardians as well as providers noted some accessibility limitations for this program: signup is required, and the parents or guardians of children who need this food the most may not sign them up.

Some youth-serving organizations incorporate education, as well, offering a teaching kitchen or cooking classes. Providers noted that Youth and Family Services (YFS) and the Club for Boys have offered some programs in this vein, and The Circle provides cooking instruction as well. Providers noted that Fork Real used to offer some education, as did the police department, but they did not believe these programs were currently offering cooking classes.

Finally, youth—like other populations—face transportation barriers to access food. For youth, Journey On’s STEPS program can help. However, participants perceived Journey On in general as having reduced services over recent years, and youth noted that STEPS is not available on weekends.

Resources for parents and guardians of children

While resources for children, students, and youth also help parents and guardians ensure their children’s needs are met, there are additional resources designed to serve parents and guardians or families as a whole. The resources identified during focus groups include Mommy’s Closet, Temporary Assistance for Needy Families (TANF), and WIC. Across the board, these resources were seen as helpful but limited and sometimes difficult to access.

Mommy’s Closet was not mentioned very often, but for those who were aware of the program, they found it very helpful—especially for parents or guardians with young children who need formula. However, participants noted that Mommy’s Closet has limited hours, and the availability of items like formula depends on donations, so they do not always have it available

As a food resource, WIC was also seen as limited as well as difficult to access. Parents and guardians shared that, in their experiences, it was difficult to get an appointment to apply for WIC. There was also some confusion among parents and guardians about eligibility requirements for WIC, including the ages served (some people thought the program served only children up to age two or three, while others thought eligibility extended up to age five). For those who successfully navigated the enrollment process, WIC was a helpful supplement, though not a fully sufficient food source. As one parent described WIC, “It’s not anything that will sustain you, but it helps.”

Parents and guardians also mentioned TANF as a potential resource, but only to say it is relatively inaccessible. Participants in this focus group found it troubling to have to jump through the child support hoops TANF requires: they could not find the other parent or did not want contact with the other parent, for instance.

Resources for college and university students

College and university students focused their discussion on the food resources available to them on campus or through their schools. Regarding off-campus resources, students expressed uncertainty about whether they would qualify for community-based food resources because they were students, apprehension about taking resources away from community members who might need them more, and low levels of awareness about the other types of food resources available in Rapid City.

For college and university students, resources available through their schools fell into two categories: food pantries or food shelves and student dining programs. Students mentioned food pantries at school but said they were small and sporadically stocked. These pantries were described as a shelf or cubby in a hallway that usually operates on an honor system. As one student described the pantry at the South Dakota School of Mines and Technology, “It’s completely out in the open. You don’t have to write your name down or anything...there’s no limit on it.... It’s freely open for anyone to use, anyone to take.” Due to these arrangements, students said they generally felt they could discreetly grab what they needed and that they did not suffer stigma.

However, pantries are limited in stock. For example, at Black Hills State University - Rapid City, the food pantry is a small shelf under a staircase, but according to students, items are hit or miss: the shelves are sometimes empty, other times well stocked, and not always with useful items—for example, the pantry might have only cake mix or vegan jerky, not meal options. At the School of Mines, one student said, “Stocking can be sporadic. Like normally it’s pretty good but it’s been like a week or two since it’s been restocked and no one feels like grabbing the fifteen or twenty cans of green beans, ‘cause it’s all that’s left.”

The School of Mines offers a second type of program for students who need extra food and do not have a dining plan. These students can request assistance in the form of free meal card swipes at the dining hall. According to students, the university sends out emails about the program, usually toward the end of the semester, and students apply through the dean’s office. Students at Mines report the program is well known, generous, and “really, really helpful.” Students at other universities in Rapid City were not aware of similar programs at their schools, if they exist.

Resources for older adults

Among older adults, the most widely used food resources were similar to other groups: Feeding South Dakota mobile distributions, SNAP, and other mainstream programs. However, older adults also were well aware of and made use of food resources specifically intended to serve

seniors. In particular, they mentioned Meals on Wheels and the senior food box program (also known as the Commodity Supplemental Food Program, or CSFP). Some older adults also mentioned enjoying meals at the YMCA and Minneluzahan Senior Center.

Participants in the older adults focus group were generally aware and using Meals on Wheels and the senior box program. They found both to be useful resources. They especially appreciated the delivery of meals to their homes through Meals on Wheels. However, there were some complaints among older adults about the Meals on Wheels food quality (complaining, for example, that the food “doesn’t look very appetizing” and “it’s mass produced”) and disagreement about the degree to which these programs accommodated dietary restrictions. For instance, some reported that the meals and food boxes they received did not always meet the guidelines of their dietary restrictions (e.g., served tomatoes when they were advised not to eat them or received items with too heavy a carbohydrate balance or too much sodium). But others said they had successfully requested and received accommodations for dietary restrictions. Further, several participants claimed these programs have actually improved their diets. One woman shared, “I just got on Meals and Wheels, and that has helped me to eat better. Like I hate vegetables. Now with my meal, you get vegetables, fruit, and meat, and so I’m eating better because of that.”

Providers shared many positive words about the collaboration among Meals on Wheels and the summer feeding sites for children and youth, which allowed people of all generations to eat together.

Resources for veterans

Veterans identified a couple of resources available specifically to them, including the Rapid City VA Clinic and Volunteers of America Northern Rockies (VOA). A participant in the older adults focus group, who identified himself as a veteran, said he received Glucerna through the VA, which helped meet his dietary needs as someone living with diabetes. Among participants in the veterans focus group (which was held at VOA), VOA was the mostly widely recognized resource available to veterans. Participants described the range of services available to them through VOA, one of which is food bags and referrals to other food resources in the community. Staff at VOA also work diligently to keep an updated list of community feeds.

Information channels

How do people learn about available food resources?

Word-of-mouth communication, including referrals from established organizations, is the predominant method by which individuals in Rapid City learn about available food resources. People may learn about resources by visiting with staff at another service provider, or they may hear about resources from other community members. Several people reflected that people who are unhoused share information with one another. As one person explained, “Just word of mouth for me. Usually, you know, there’s people on the streets that I know that I pass through

that know more about the schedules and everything.” Though this system is not always perfectly efficient, it eventually steers people in the right direction. For instance, one provider related this experience:

“I think generally people know, like YFS, they know they do a broad range of things. So, people might say, hey, check with YFS, and then they do. And then the person that they contact at YFS is like, well, actually, what you're looking for—like they know of the resource. So, I think it's a matter of somebody might know of an organization that does something, and then they contact that, and then through that is [connected].... like, with the senior box that Feeding South Dakota does. I don't know that a lot of people are aware of that, but through contacting the main organization they're aware of, they learn of these other [resources].”

However, this reliance on informal networks can create barriers for newcomers and those who lack strong ties to existing service providers or social groups. A participant in the focus group of people who are unhoused shared his struggles as a newcomer to Rapid City unfamiliar with available resources:

“I'm not really from the area, and I was at the Mission, but I got kicked out of there Saturday, so I've been on the street since then, and I don't really know where anything's at, or, like, where the resources are. So, when I went to the Mission to get some food, they had a flyer for this. And so, coming here, I was kind of hoping to maybe figure out where stuff is or have more resources I can go to. Because it's hard out here not know where nothing's at or where to get nothing, walking around hungry and don't know what to do.”

Several key organizations, including the CAP office, Church Response, the Club for Boys, and the Cornerstone Mission, were identified as important sources of information. In the past, the Hope Center was a central node for sharing information about available resources. However, the closure of the Hope Center has had a notable negative impact on the dissemination of information within the community. A participant in the focus group of people who are unhoused captured this sentiment, which was shared by many across groups:

“I think they just need a building or a big establishment like the Hope Center they used to have, have you heard of that? I think they need a big building like that where we can just go and relax and take a load off, you know for homeless, and then have people that work there that know the resources that will help us.... We just need a solid rock, you know? Where we can go with resources just to help, like the Hope Center.”

At the same time, this word-of-mouth and referral strategy creates a challenge for providers. Each provider must stay abreast of available resources so they can effectively refer clients. Providers described their efforts to compile lists of resources and keep them up to date. Like community members in general, providers rely on word of mouth to get information about community feeds in particular. One provider reported, “I also have a list that I put together. It's

more of the community meals that randomly pop up on a regular basis, and so I'm constantly trying to update that. I send that out to...to whoever has asked for it...and then we just post it around." She herself learns about meals because she used to volunteer with community feeds, so she is personally networked and people call her with updates. Additionally, the clients she serves inform her when information on the list needs to be updated or corrected.

Another challenge for providers is creating and maintaining lists of food resources that can meet specific dietary needs. On the whole, providers said they do not currently have lists of where to refer people who need help with food and who have specific dietary needs.

Social media facilitates both the flow of information and sharing of resources. The Black Hills Cup of Sugar Facebook page was frequently mentioned across focus groups as a particularly valuable resource. People turn to this group to find out when community feeds are happening, ask questions about available resources (as an alternative to using Google), and request or gift food and other items. Other participants in this group said they turn to Facebook to find information about community resources:

"Woman: Facebook has all those programs and if you ask the question somebody's gonna answer.

Man: Yes, Facebook is definitely a lot easier to find those programs than trying to find it through Google and stuff because it's kind of hid real deep."

Contrary to stereotypes of youth as hyper-online, participants in the youth focus group did *not* rely on social media for finding local resources to the same extent as older participants. They said they were more likely to get information from case managers or bulletin boards. When they turned to social media, it was to follow organizations such as The Circle, which shared relevant information.

While most participants were aware of the 211 service, many either do not utilize it or have had negative experiences with receiving inaccurate or outdated information. There was some confusion among community members about the difference between 211 and 988. Some people reported positive results after calling 211—usually to get an initial referral to an organization when they were new in town. They rarely called 211 more than once, though; after the initial referral, they worked through networks of local organizations. From the provider side, participants explained that keeping information up to date with 211 can be a challenge, and as a result, they get calls from people seeking services they do not offer. One provider related this experience: "We get a lot of phone calls [where people say] I heard from 211 that I can get a hotel room from you. No[, they can't]. But it's constant, constant. So even if I've contacted 211, and said please don't tell people this, we still get the phone calls. So, I think 211 is great, but...it just needs to be updated." (Providers)

As a group, postsecondary students were most disconnected from flows of information in the community, insulated as they were by campus life. Among postsecondary students, there was a

perception that on-campus food programs were effectively promoted through email and posters. However, these students expressed a sense of disconnection from and lack of awareness of community-based food resources. In addition to uncertainty about eligibility for SNAP benefits, students shared a general lack of knowledge about local food pantry options and concern about whether students would be welcome to use them. Students indicated that increased awareness of community resources available to students would be beneficial, particularly for those living off campus. As one student summed it up, schools often share information related to careers and professionalization as well as mental health support, but they share less about resources to help students meet basic needs such as food and shelter. She attributed part of this lack of information to the fact that she was enrolled in a program at the University Center, so she was not on a residential campus. She explained:

“There's a lot of stuff that we're spoken [to] about, like, mental health resources and other things like that, but I don't think food was ever touched on as much as I can remember, in all five semesters that I was in the program. I didn't struggle in that area simply because I had family. But I know a lot of people who did, and I think it would have been nice...that they would see that that's an area that could possibly be a struggle for students who don't have the resources a campus would offer.”

Participants shared several suggestions of strategies they believed could improve information dissemination about food resources in Rapid City. These include utilizing billboards and creating flyers to display in high-traffic public areas like the library or WIC office, with a focus on providing clear schedules and locations of food resources. The creation of a centralized, user-friendly website was also proposed, though concerns were raised about barriers to computer access. Text message alerts were suggested as another possible avenue, but limited phone access was identified as a potential challenge. In general, participants believed traditional paper flyers would be the most effective means to reach most people. As an Indigenous relative shared, highly visible billboards or flyers make sense “because most people that need the help, they're roaming, they're on the street.” A man in the focus group of people who are unhoused agreed. Asked what one thing the community could do to improve food access and food security, he suggested posting information at libraries, at sites of community feeds and food distributions, and at other locations “where the homeless go.” He shared that in his own experience, “some of these places [mentioned during the focus group] I've never even heard of, and I'm slowly finding out, and it took me forever, like almost six months to find these places out.”

As far as the information to include on flyers, community members said they would prefer to have complete information about locations and schedules. They sometimes encounter handouts and resource guides that only give phone numbers, not other details. This results in their having to chase down the additional information about time and location via individual phone calls to each program.

Barriers and Gaps

What barriers and gaps stand in the way of food security?

Asked about barriers, participants focused on monetary barriers related to financial resources, internal barriers to program accessibility related to program structures and processes, external barriers to program accessibility related to public infrastructure, individual characteristics that pose barriers to accessing food, and interactions with and feelings about available food resources.

Financial barriers

The most commonly experienced barriers to meeting food needs relate to financial resources: the cost of food, rising costs due to inflation, inflation of prices outpacing increases in wages or benefits, and acute financial troubles brought on by lost work. A participant in the parents and guardians focus group put it succinctly: “Cost is the biggest thing.” In the focus group with people who are unhoused, a woman stated frankly that her biggest barrier to getting the food she needs is “Having no money. Yeah, that makes the shopping tough.” For those who had lost work, financial barriers were more acute. For example, one participant explained that when she lost her job, her family was left choosing between rent and food.

While the primary financial barriers that individuals face in meeting their basic food needs are high and escalating food prices, these financial challenges are compounded by stagnant wages and benefit levels, which have not kept up with the rising cost of living. Participants across focus groups observed that the price of food has increased in recent years, while their wages and SNAP benefits have remained relatively unchanged. The following comments illustrate people’s perspectives on inflation and food prices:

- “Everything’s a lot higher than what it used to be, as far as price. And you have to kind of decide, well gee, should I get this and pay this much and then maybe not get this?” (Older adults)
- “I don’t wanna party like it’s 1999, I wanna go grocery shopping like it’s 1999. It’s the prices!” (Parents and guardians)
- “Well, my food stamp sure hasn’t increased, but the food has doubled up on me.” (Veterans)
- “I think prices have gone up. You go to these grocery stores, like, especially Safeway, their prices are crazy. You know, lunch meat’s nine dollars, ten dollars, for lunch meat that you could get at Walmart for just two or three dollars. Some of these grocery stores, I think, are price gouging. And...since the last election, prices have just gone higher. And [on a] fixed income, there’s a cost of living [adjustment], but it doesn’t cover the increase in the actual cost of living. So, people on fixed income really have to budget and use other resources to make ends meet. But yeah, I think it’s been a negative since last year. It just keeps increasing and the wage isn’t matching the increase.” (Veterans)

A few people across different groups noted that prices vary seasonally. They attributed some of this to the influence of tourism and especially the Sturgis Motorcycle Rally. The rally, they

believed, contributes to high food costs during the summer, as the influx of visitors places a strain on the local food supply and can lead to temporary price increases. One participant in the youth focus group, which took place during late summer, said, “I feel like a lot of prices are going up now, or, like, for the past month, because of Rally. But like, it’s still expensive, but it’s way more expensive when Rally comes.” A woman among the older adults concurred, observing, “When the rally’s here, the prices go way up.”

The high cost of food also influences decisions about where to shop for groceries, what types of products to purchase, and whether to cook meals at home or eat out. Participants described how the cost of food has made it increasingly difficult for individuals and families to afford food, particularly healthy and nutritious options like fruits, vegetables, and meat, which are often more expensive than processed foods. As one participant in the older adults group put it, “fruits and vegetables are so frickin’ expensive!” Another participant in that group observed that meat, too, can be expensive: as he phrased it, “It’s easy enough to get but it’s hard to pay for it!” Similar sentiments were expressed across groups, with people identifying fresh produce and protein as the most difficult to afford grocery items. Parents and guardians reflected on how this impacted their families’ nutrition. One woman in this group explained, “Yeah, the cost of food [is high], and then to try to eat healthy is even more expensive, like buying fresh fruits and vegetables and stuff is outrageous.”

Furthermore, individuals with specific dietary needs due to health conditions often require specialty foods, which are typically more expensive than standard options. This forces them to make difficult choices between their health and their budget, potentially compromising their well-being. One older adult explained, “I just don’t buy lactose free milk. And that’s what I should buy, but I don’t.” Another participant in this group explained how the cost of food affected his ability to manage his diabetes:

“Well, I’m diabetic, and a lot of foods I can’t eat, fried foods, all that, so I just go and basically pick what I want to eat anyway, but I go with the cheapest one. Because I’ve seen a nutritionist and she says you gotta have this, you gotta have that, but I can’t afford all of that!”

Internal barriers to program accessibility

Certain program-level characteristics pose barriers to people facing food insecurity. These internal barriers to program accessibility encompass a wide range of obstacles that individuals may encounter when trying to access and utilize available programs. They are embedded within a program’s operations, often inadvertently creating hurdles for potential beneficiaries. The types of barriers described by focus group participants include those related to the application process and documentation or ID, program capacity and waitlists, eligibility cliffs, and programs days and hours of operation.

Application process and documentation

Application processes can set up hurdles that are difficult to overcome. Regardless of the actual difficulty of the application process, if it is *perceived* as complex, it may also deter people from applying in the first place. Lengthy and convoluted forms, requests for extensive documentation, and confusing eligibility criteria can deter individuals from applying or increase the time and effort required to apply successfully.

Participants described the application process for SNAP as especially difficult because of the amount of information applicants are asked to provide. Though complaints were widespread, they were not entirely universal; some people shared positive stories about helpful eligibility specialists who guided them through SNAP application process, for example. For the most part, though, people viewed the SNAP application as cumbersome. The following comments demonstrate the breadth of frustrations community members and providers alike experience with the application process:

- “And now we have a mandatory job search. Or, you know, whatever, 20 hours you donate.... And then sometimes they say, well, you gotta work. They tell you to work. They spend all your time when you interview [talking about work].” (Indigenous relatives)
- “They're [clients] definitely signing up for all that [SNAP and WIC], and having success. I think the frustration comes if suddenly they don't have it because they've done something different, and so they don't qualify, or they have to re-qualify. Or, you know, I mean, the paperwork is endless.” (Providers)
- “I think they should give us more time when we fill out an application for SNAP. They should give us more time to gather everything that they want to put in that application. Because you have to get your income. You have to get all this stuff. And they gave me, like, 10 days or something like that. I had to apply for SNAP like three different times because I never got all the stuff they wanted in on time.” (Unhoused)

SNAP's application process and strict eligibility criteria deter some people from applying in the first place. A veteran explained that he did not believe the benefits he would receive from SNAP outweighed the intrusive nature of the application process. As he put it, “It was kind of getting too intrusive, kind of getting too personal. I just, to hell with it.... Best case scenario, I may get ten bucks from them. So, am I going to mess around with another government organization for ten dollars?” One woman described how, during a time when she was unhoused, she did not believe she would be eligible for SNAP and was surprised when she was approved: “I thought I was unqualified because I wasn't looking for a job at the time. Plus, I was, like I said, on the street, and I didn't have a place to stay. But they okayed it for me.” Participants in the focus group of people who are unhoused said they had been encouraged to apply, but they were unsure of the process and wary of the amount of information required:

“Man: I just haven't gotten around to it [applying for SNAP]. Someone was telling me to go apply for it recently, but I don't even know where to go.

Woman 1: It's like, you need, you need your DNA, hair sample, all that stuff nowadays.

Woman 2: And it's way over there on the outskirts of town."

Youth and postsecondary students described extra barriers to SNAP applications. Youth had to factor in balancing school and work requirements, while postsecondary students were unsure they were even eligible to apply. During the focus group with youth, several described their struggles applying for SNAP as students:

"Man: It's a struggle, they make it more difficult than what it should be.

Woman 1: Especially with like the expenses that you get paid for with your job, and then they have to put that whole thing on there, and you have to get information from your job, and it's...

Woman 2: And you have to have a job within three months or else they'll cut it off, and it's stupid, like why is that even a thing?

Man: Because especially if you're in school, you know, for most people, school is considered a part time job, and that typically lasts longer than three months. And you know, some people, they can't have a job when they're going to school or it's just certain days that you can work and most places won't offer or accept those type of hours.... And the [application] packet's like really long. It's at least twelve pages front and back."

Aside from application challenges specific to SNAP, participants described more general barriers related to program applications.

For programs serving children, applications that require parents or guardians to complete forms can present a barrier. A provider explained:

"We've got a whole category of people here, of kids whose parents are not responsible. They're not going to fill out the forms. They're not going to do this, they're not going to do that because they're substance abusers or something else is going on in their life. And so, this business with trying to meet the kids where they are, and if I don't have a signed form, I'm going to send the food home anyhow, frankly, because that, it just doesn't make any sense."

Paperwork required for applications can present a variety of barriers. Long applications require gathering supporting information and following through to complete the paperwork. Online forms can be difficult for people to access if they have limited access to computers or smartphones. On the other hand, paper applications can be difficult for people to submit if they have transportation challenges that make it difficult for them to return the paperwork in person. Asked whether she believes inaccessibility is related to a lack of awareness or to barriers to application, one provider responded:

"I think people are aware. But I think there is a paperwork hurdle, especially if they have an expired ID, or a lot of times if they don't have access to the internet. You can go to

the library and use internet, or there could be some other community alternatives, but that can also be, again, transportation comes into play, where if they don't have access to the internet, and then they need to physically take paperwork, they have to get transportation to that location to do that.”

Obtaining required documentation or identification documents can present its own challenges during the application process. In addition to identifying documents, individuals may be required to provide proof of income, medical records, or other sensitive information, which they may not have readily available or may be reluctant to share. Participants explained that waiting for documentation (for example, disability papers or eligibility determination for SNAP) could cause delays. The timing of document submission for updates and renewals can also be inefficient. An older adult described how he had turned in updated Social Security benefit information, then was asked two months later to resubmit the same documents for a scheduled six-month review. “It’s like, can’t you look in your file?” he asked. “You’ve got all the paperwork already!” They also shared that the types of information requested sometimes seem excessive; people were especially sensitive about programs asking for Social Security numbers.

Obtaining identification—a driver’s license, state identification card, birth certificate, and the like—can be a special challenge. The limited hours of state and local offices exacerbate this challenge. One man shared that it took him over a year to get to the driver license exam station during their open hours because he works during the hours the office is open. A provider related the multiple barriers that stand in the way of obtaining identification: “I also find that there’s a lot of lost IDs, and once that happens, to get another one, to get the benefits, either there’s so many barriers, even transportation...and what you do in that interim, while you’re waiting for this is difficult.” A participant in the youth focus group acknowledged additional barriers face by people without a fixed address and with limited resources:

“It’s just like with IDs, either you need an address, you need the money, but then you need two forms of documents and then if you don’t have an address, you don’t have the letters to get it, so then it’s like without one you can’t have the other, and then it’s not like you can have a friend like write you a letter, you know.”

When it comes to obtaining identification, some youth faced additional barriers—for instance, if their parents kept their IDs from them. Though this challenge was not mentioned in any of the adult focus groups, it could similarly be a barrier in abusive adult relationships or trafficking situations. As one youth participant explained, “A lot of the places you need documentation. Sometimes you don’t have that, like because my parents used to keep it and they wouldn’t give me it when I needed to do something, so it was kind of hard to do anything without my documentation.”

Ultimately, repeated frustrations related to complicated application processes can erode the trust between providers and the people they serve. A provider described this situation from her perspective:

“A lot of times we're talking about families that are trying to work. They are in crisis in many other ways, and so asking them to go and sit in somebody's office for what ends up being two hours with little kids, right? It's just not feasible. And I will say that people who have these negative experiences, whether it's with the food service side or other, it completely damages the relationship with the service system to the point where folks on my team, and I'm sure you guys experience this, are trying to build trust again over months of time, just by convincing them that it'll work this time.”

A participant in the youth focus group described the frustration of delayed and rescheduled appointments from a client's perspective:

“I just gave up entirely, like I kind of gave up on going to those places when I had a chance because of the timing. Like, when I've had appointments set up because they kept pushing it back and pushing it back and pushing it back and I was like nope, I'm just gonna cancel this appointment. Because that happens to me so many times where they just push back appointments, feeding, and medical appointments, and they just keep on pushing it back and pushing it back, like I think I've had one of my appointments pushed back a whole entire year and I'm like, no, I'm not doing this.”

In contrast to the barriers experienced with some program applications, the low-barrier accessibility of other programs stands in stark relief. A participant in the focus group with Indigenous relatives saw Wambli Ska as a standout example of an accessible program:

“Here [Wambli Ska], they feed everyone. They let kids, you know, and adults too [eat here]. They create meals so they don't just give you a box of random stuff, they actually make meals. They don't ask too much questions. They don't have documentation to prove that you're this or that... there's no limit [on access].”

Program capacity and waitlists

Additionally, limited program capacity can result in long waitlists or long lines, which in turn can reduce program accessibility. When describing long waits for programs, participants were typically talking about Feeding South Dakota mobile distributions. However, their estimates of how long they waited in line varied, from less than 30 minutes to more than two hours. Some participants also reported that, at mobile distributions, people waiting in the back of the line may not be served; people who are unable to arrive early enough to get close in line may not receive anything. An older adult shared this recounting of her experience:

“Depends on when you go. Well, either way, you're going to wait. If the food distribution is at ten o'clock, people start lining up at eight. So, if you decide to go at nine, or even at eight o'clock, you're still going to wait two hours [before it starts] Unless you're going toward the end, but then toward the end of it...sometimes they're already out of food. It's a gamble, and we do have to wait. In the summertime it's not so bad because you have your air conditioner on or your windows down. But in the wintertime, you have to have the heater on and that uses a lot of gas.”

However, long lines and waitlists were not described as widespread across different agencies or programs. In fact, providers from Meals on Wheels shared that, while the national average is an 18-month waiting list for Meals on Wheels, locally in the Black Hills there is no wait at all. Yet at the same time, these providers noted that Meals on Wheels is straining toward maximum capacity due to facility limitations:

“Our goal is to keep folks in their home because there are no nursing care facilities, the waiting lists are so long [for nursing care], so we want to keep folks in their homes as long as possible. And the fact that we are growing so much is a good sign. We love that, but we’re in a tiny little kitchen up the street, and we’re outgrowing our facilities.”

Eligibility cliffs

For some programs—particularly SNAP—the eligibility cliff, related to the tradeoff between earned income and program eligibility, is a source of frustration and difficulty. The eligibility cliff was widely discussed by people who have seen their SNAP benefits reduced as well as by people who have decided not to apply (or reapply) for SNAP because they do not believe they would receive benefits worth their time. The following comments are representative of participants’ perspectives on the SNAP eligibility cliff:

- “We used to get \$500 for food stamps, my grandson and I. But two years ago, I don’t know if the law came into effect, but they cut—they took \$200 away from us. And it was okay at first, because I could manage, you know, the food, I eat the basics. I don’t [buy anything] extravagant, unless, if I can, the Lord provides some funds and I can get some more food.” (Parents and Guardians)
- “With SNAP I got—my benefits were decreased because my disability check went up \$25 for a year. So, they decreased my SNAP benefits for \$25!” (Older adults)
- “I applied for food stamps, and then I got a job, and then they took me off food stamps.” (Unhoused)

Several participants described how the low-income eligibility thresholds for SNAP weighed into their decisions about work and applying for benefits. They argued that, if their incomes were low enough to qualify for SNAP, they would not be able to meet their other financial obligations; but at the same time, they did not earn enough from work to be fully food secure without SNAP. As one Indigenous relative who struggled to afford enough food explained, “I make too much. And I’m a single mom at that, and I don’t even get WIC.” Among the older adults, most participants figured they would not be income eligible for SNAP. One woman reported, “I am if I don’t work, but I work on top of my Social Security.” A participant in the parents and guardians group described the impossibility of getting by at the income levels required to qualify for SNAP: “Uh, yeah,” he explained, “for a three-person household you’re looking at the maximum \$24,000 a year. They’re [the income guidelines are] way too low. Like, you’re looking at working maybe 16 hours a week to meet their guideline, and there’s no way you can survive off that in general.”

In other cases, SNAP benefits were delayed after job loss. For example, a woman in the parents and guardians group related her experience of losing her job yet not qualifying for

SNAP for 30 days because they looked back at her past 30 days of income. She had earned income in the previous month, though she had no income currently coming in:

"I worked at my job for six years, and I made very good money. I made over \$70,000 a year. The company that I worked for was sold out, so they downsized, so I lost my job.... Because I had that income, I had to wait 30 days from my last paycheck to even apply for food stamps. So, anything in between there, and me not having the income... Aside from Feeding South Dakota truck...I couldn't personally find anywhere that I could go to help. Because we were still over the income guidelines because I had gotten that job, because they were counting my income over the previous 30 days. There's nothing in between, you know, for somebody that's established already and has a home and stuff. There's nothing. I couldn't find anything. SI had to do what I had to do, and I Door Dashed and did the things I had to do, but there's nothing in there. There's nowhere around here that I know of that you can go to aside from that truck, and that's once a month." (Parents and guardians)

Additionally, asset tests can disqualify people or force them to cash out retirement savings. One provider shared both her personal experience with this dilemma and her observation of the cliff effect among people she serves:

"The cliff effect is real. Yeah, it affects not just food, but housing. You know, if a parent is able to get a job, or two or three, obviously making more money means you don't get as much support. And sometimes it's at such a great expense that having a job isn't worth it...and I'll say, from personal experience, I had once attempted while I was making ten bucks an hour when I first moved back to Rapid City to get on benefits when I was pregnant, and I couldn't because I had retirement accounts. So that's also like, if somebody was making good decisions at one point in their life and have fallen on hard times, you can't even get access.... Like if you want to get those benefits, you have to take your retirement out at 30% cost to the government, right? And now you don't have a safety net when you are older." (Providers)

Providers spoke to the difficulty people have adjusting to changes in benefit levels and navigating the eligibility cliff. The change can come abruptly, and people may not be equipped with the skills to adapt or supported through the transition. As one provider explained, "We have the population that when that situation changes, they're not flexible or knowledgeable to [cope]. It makes it a lot tougher to talk about this cliff thing as well. There's a lot of readjustment that would have to happen to go from being supported to now being independent. And they can't navigate that gap. They haven't been taught the skills they need to do that. And that's where the frustration is."

Days and hours of operation

Programs' open hours, which are typically only weekdays during conventional working hours, make it difficult for people who work (or who rely on people who work for transportation) to access programs. An older adult, for instance, said she relies on her friend for transportation to

food distributions; however, her friend also is responsible for picking up her two teenage grandchildren at their jobs across town, and so she is not always available. A woman who was unhoused said that dinner meals are served too early for people who work. She explained, “They start dinner at five and they close, like, right after dinner. And it's like, sometimes some people don't get out of work until five.... People who work have to walk from downtown to here.” A participant in the parents and guardians group described how he has struggled to juggle his work schedule with the open hours of food resource programs:

“The hours for anything up here is difficult for anyone that's in a blue-collar work environment. You're working ten- or twelve-hour shifts. There's pretty much nothing you can do. You're put to being forced to work in night shifts to do anything. And then when you work in your night shifts, you're working graveyards, which are your twelve-hour shifts, and by the time you get off, you have no energy to go out to go do anything during the day.”

Other participants described a tradeoff between timing and transportation: they may be able to get rides from friends, but not during the times when programs are open; or, they might find out about a community feed too late to arrange a ride; or, they find the bus does not run at the right time to get them to a program during its open hours within the constraints of their personal schedule, or they might miss a bus and have to wait upwards of 45 minutes for the next one. A veteran described the time and effort it can take to access food resources:

“Acquiring food, it's pretty bad because it usually takes about half a day. For food, kind of cuts into your time. It has to be the working day, the bus starts at six, they end at six. But the places you gotta go start at nine and they close at four, that's your window. [It takes] all afternoon.”

In many cases, participants said they face a dilemma when the nearest and most convenient locations operate at inconvenient times. As a participant in the Indigenous relatives group said, “I've seen on the schedule where it pops up at one time, and not everyone can make it to that one distribution. Missed opportunity. So, it's momentarily close to everyone where it should be, and then it goes way out of town. So, it's kind of hard to get there.”

There is also a noticeable lack of food being provided on the weekends compared to weekdays as well as later in the evening. In the group with people who are unhoused, several people talked about the lack of food available on weekends. Veterans brought up the same issue. For example, as one veteran put it, “You're never hungry when the truck is there giving out food. You're only hungry when the truck didn't do it for a week, you know. But if it's on a Saturday or Sunday, [I think] damn I should have gotten a go bag from the VOA. You never think of it until you're actually hungry.” Another veteran said he believes Rapid City needs a meal and warming space available at night. As he said, “The soup line used to run them at night, after dark, because that's what people need, a place to warm up or whatever.” Another veteran summed up the situation succinctly: “Monday through Friday pretty much anywhere you can get something, but it's weekends, it's a little tighter.”

While focus group discussions emphasized accessibility challenges related to charitable and government food resources, participants noted that the open hours for grocery stores can also be a challenge. When people cannot make it to the grocery store during the day (whether because of work, transportation issues, or other reasons), they may end up at a gas station buying food instead, since gas stations are one of the only options open overnight. For their part, college and university students who spend all day in classes and then work nursing night shifts said they struggle and try to consolidate all groceries into a weekly run or have friends pick up food for them.

External barriers to program accessibility

In addition to internal barriers embedded in program operations, external barriers can also make it difficult for community members to access food. External barriers are related to public infrastructure and the environment. The types of barriers mentioned during focus groups include transportation and the location of resources, struggles related to seasonal weather conditions, and the lack of wraparound services or case management to provide connective tissue for people navigating multiple needs and service providers.

Location and transportation

Transportation and location were the most frequently mentioned external barriers—and, aside from affordability and financial barriers, they were the most significant barriers overall mentioned across focus groups. As one veteran put it, “I would say transportation would be the main factor.” Participants in the group of Indigenous relatives concurred, with one participant reflecting, “I have a car now, but when I didn't have a car, it was impossible.”

Location and transportation barriers are intertwined. These barriers present significant challenges for food insecure individuals in Rapid City; people often do not have access to a car and need to rely on friends or family for transportation, or they attempt to use public transportation but are met with inopportune timing and/or bus stop locations. Lack of access to private transportation (cars, money for gas, etc.) coupled with a public transit system with limited hours and limited reach leaves many people unable to get to the current locations of food programs.

Many participants across groups said they choose where to get food based on two factors: location (convenience) and affordability. But balancing those things can be tough; sometimes, people's choices about where to get food simply come down to transportation. Asked how they balance affordability, convenience, and transportation, one Indigenous relative said, “You really don't get a choice. You just have to go and get it. Because sometimes you get rides to Walmart because we don't have vehicles.” Transportation issues can force people to sacrifice preferences in terms of affordability, and in some cases can even make it difficult for people to use the food resources and benefits at their disposal. For example, one woman who was unhoused explained that transportation difficulties make it hard for her to use her SNAP benefits because she is unable to get to the store to purchase food. Asked what would help her meet her

food needs, she responded, “Some of us we do have EBT, but...maybe even helping us get our groceries or something as we're utilizing what we already have.... Sometimes it's just struggling to get a ride to go get those groceries.”

Across groups, participants identified limited public transportation as a factor that exacerbates their difficulties getting to food resources. In Rapid City, the buses have limited hours and limited routes. As one participant in the parents and guardians group put it, “Buses are great, but they don't go everywhere.” Another participant in that group described limitations related to schedules: “I have a class at night and there's no buses at night, or like after 4:00 or something, 5:00, the buses don't run in the summer. So, I've been biking, sometimes out there.” Due to the limited number of buses running, missing a scheduled bus can also derail a planned trip. An Indigenous relative talked about witnessing “an elderly couple that were trying to get to the bus. And the bus came early and didn't even wait.... And there's usually like an hour and 45 minutes [until the next bus].”

Finding a close enough bus stop, getting bus passes, and navigating the system are all barriers to using the bus. One veteran described his difficulties taking the bus to the South Walmart:

“They canceled that bus route down there. You have to get a deviation for them to stop at Walmart, and then for a ride back, you have to try and contact the dispatch for a ride which I found, personally, is no easy task. And then they'll tell you this is wrong number. Call another number, and then you got to wait to see if they're going to answer.”

Given the challenges with public transportation, some participants said they simply do not see the bus as worth the time and money it takes to ride. A participant in the youth focus group explained, “I used to use the bus up there, typically, you know, it was just a waste of money, because you can get somewhere a different, you know, reliable way, whereas the bus, it takes a certain amount of time longer than what it typically would if you were to walk or take a bike or something. And to me, personally, it's just a waste of money.”

Providers affirmed that limited public transportation is a major barrier. They also suggested the need for regional transportation solutions that extend outside of the Rapid City city limits. One provider noted, “I think the biggest barrier is transportation. Like a lot of people can't get to these sites. Public transportation lacks in Rapid City, it's limited, and it doesn't run past 6 p.m., so that's [a challenge].” Asked what one change they would make to help people access food, another provider answered, “Transportation.” She elaborated:

“Broader, later, times, more. And this is hard because it's, it's, you know, there's fees, there's a cost involved in providing transportation. There's needs in nearby communities for transportation. So, the public transportation system in Rapid City is only in Rapid City, so it doesn't go to Box Elder, it doesn't go to Summerset, it doesn't go to Hill City. So, if you lack transportation in those areas, you literally have, like, you're depending on other people for rides to get here. So, it's too bad there isn't some sort of regional transportation system developed that would serve some of the closer communities to

Rapid City, and that would probably take more than a year to develop, but I think that that would—because there's a lot of food programs available in Rapid City for people in need, but transportation is a barrier for a lot of these people who need those things.”

People who do not have their own cars often rely on rides from friends or family. But coordinating rides can be difficult: in addition to working around the driver's schedule, people must overcome pride that can prevent their asking in the first place. One woman, a veteran, explained, “Getting a ride there, they've got to schedule that probably. That'd be hard.... No one wants to ask either.” An older adult shared that people in her apartment building often carpool to Feeding South Dakota mobile distributions. However, she noted there are limits to the number of people who can ride together to pick up boxes: “There's like three or four of us that go get those boxes that do not drive. The people that drive that are going will take somebody, because they can only take one other person. There can only be two people in the car. But I wish there could be more in a car, like three.”

Even people who own cars must grapple with the cost of ownership and operation, including the price of gas. As an Indigenous relative pointed out, “If you need assistance with food most likely you're gonna need assistance with gas.” Participants in the youth focus group shared the same sentiment, saying that money for gas is a transportation barrier. Older adults likewise discussed the distances they had to drive to access resources and the costs they incurred. As one older adult related, “I live here in North rapid, so I either go to the Walmart here, or I have to drive clear across town to go to the other Walmart, or Safeways are both on that edge of town, and Family Thrift is clear down on South Campbell. At \$4 a gallon sometimes, that's a big expense.” In addition to gas, operating a car requires keeping it in good working order. An older adult woman pointed out, “Even if you do have a car, you just hope and pray nothing happens to it!”

While many adults in Rapid City have found ways to overcome transportation barriers—wrestling with bus schedules, asking friends for rides, and the like—for children, transportation barriers can be insurmountable. To feed children whose parents may not be available to transport them or food, programs would need to bring the food to the children. A provider shared the motivation behind establishing a food pantry in the Knollwood Townhouses:

“I would say the predominant users of the food pantry are young children. They're not going to be able to get to a mobile food pantry. They're not going to be able to carry large amounts of food. But they can come in while they're at the clubhouse and grab two sacks full of groceries and get a snack while they're at the clubhouse. But it's really not an option for kids to even get on the bus, sometimes. I think helping to remove the transportation barrier altogether by being more local in food desert locations is something we should think about as a community.”

Facing limited transportation options, some people turn to delivery services (e.g., Walmart+ delivery or Instacart). One woman, for instance, explained that the bus can be a challenge because she uses a wheelchair. While she takes the bus or Dial-a-Ride when the weather is

nice, she often uses delivery services instead. In her reckoning, either way she is paying a fee to get her food, whether it is a bus fare or a delivery fee.

Another option—at least for food distributions if not for grocery stores—is to designate a proxy to pick up food on someone’s behalf. However, there are limitations to the proxy program. Some community members said they encountered confusion among program staff or volunteers who did not allow them to pick up a box as a proxy. Among people who could use a proxy, one provider observed, they may not have any family or friends they trust to serve in that capacity:

“With the USDA senior box program, we have people who are on that list, but they need delivery. You know, we asked, is there anyone who can pick up for you? You can have a proxy. And it’s surprising how many people don’t. They said they don’t have anyone who can pick up for them, or if they do, they don’t trust the person to bring them the food or to bring them all of the food, even relatives. And that’s really sad to hear, too. So, if, you know, trying to be creative of how we can get boxes delivered to people through some sort of proxy.”

Other providers said they were aware of some agencies that provide proxies, including CHWs at Monument Health (for Monument patients only), VOA (for veterans), and on occasion the police or fire department.

Location gaps

Participants mentioned areas in Rapid City where they see gaps as well as specific locations they believed would be good for additional food resources. Many participants identified a need for a grocery store near the center of town. As one older adult explained, “We have two Safeways, two Walmarts, and a Target, and they’re so far away. We don’t have any grocery store, basically, in the middle of town, none. They’re all spread out.” She wished for a grocery store near downtown, reflecting that the former Albertson’s on Omaha Street would have been very accessible for her. “I mean,” she said, “I could drive my wheelchair over to it. That’s how close that one is.” Other locations mentioned include the following:

- Where Prairie Market used to be (Indigenous relatives) or near the Club for Boys (parents and guardians) - Both locations are near the Journey Museum
- Near the now-closed Kmart by North Street and Cambell Street (older adults, Indigenous relatives)
- Near the now-closed Shopko by Haines Avenue and Knollwood Drive (Indigenous relatives)

The following types of sites were mentioned as good locations for giveaways, all by participants in the group of people who are unhoused:

- Schools
- Anywhere on a bus route, like a park
- The farmers market
- Churches

College and university students also identified a lack of food options near the University Center, located east of Rapid City along I-90. For college and university students, those enrolled in programs without a local campus footprint lack access to some supportive services that would otherwise be available to students (e.g., a campus food pantry or subsidized dining hall meals). They struggle with not being able to eat in a dining hall. Particularly around the University Center, for instance, one student explained, “There's now nowhere to eat out at the University Center. They have a vending machine, but they used to have a couple options, and then they tore it down this year. I don't know what the exact plan is for that, but the closest things are like McDonald's and Taco Bell. So, people just go to McDonald's and Taco Bell every day.... they took the one thing that they did have, because it did have, like, fresh sandwiches.”

Carrying food

Community members' ability to carry the food they are given at programs is made more difficult by the lack of accessible transportation. As one veteran put it, when it comes to transportation, “Getting there's not the problem. It's getting back with it. Yeah, you gotta carry it.” Many participants said they have difficulty carrying food home, especially if they rely on public transportation, walking, biking, or a wheelchair for transportation. People either need to carry their food long distances or, if they take the bus, they may not have enough space to bring their food aboard. In the words of one provider, “With the amount of food that's being distributed it's really difficult even to transport it on a bus.”

A veteran, for example, explained that, “When you're on a fixed budget, it's better to go [grocery shopping] once a month, especially right by EBT day. Because they have all the sales.” However, another veteran noted the difficulties a large shopping trip poses for carrying groceries home: “That's an issue. If you want to go to Walmart, say, at the beginning of the month and load up, you can only carry so much onto that bus. So, you're kind of hindered there.” Another participant in the group recounted his experience picking up food from a mobile distribution while on foot:

“Last summer, Feeding South Dakota was at a church on Indiana Street. It was nine blocks from where I live. I took my military duffle bag over there and loaded that thing full of canned goods. By the time it got packed up, two people had to pick it up and hold it so I could get my arms through it. I carried that thing nine blocks to get back to my apartment.... I was 66 [years old] at the time.”

Providers have observed these challenges as well. One provider shared their experience volunteering at mobile food distributions:

“We had people coming on foot, and I actually, and then it was like, well, how are you going to carry all of this? I have plenty of reusable bags in my trunk, and so I just gave them some reusable bags from my trunk, because they didn't have anything to carry it in. And I'm not sure how far they were walking, but, you know, you have these big, what Feeding South Dakota gives is very, very generous. It's to last you a month. So, I know transportation plays a huge role in people's ability to get to these places.”

Accessibility with mobility challenges

A few participants mentioned that programs can be difficult for people with mobility challenges or physical disabilities to access. One woman was on crutches and said she has trouble visiting programs if they require climbing stairs. For people who use wheelchairs, navigating public transportation—or finding a ride—can be difficult, compounded by the challenge of carrying and maneuvering large boxes of food.

Seasonal weather conditions

Seasonal weather conditions can also create barriers to accessing food. For one thing, some food resources are only available seasonally (e.g., summer feeding programs). When the weather is mild, people can more easily attend outdoor community feeds and most forms of transportation are easier: walking, biking, and even waiting for a bus are all more feasible during periods of good weather. Even for those who drive, waiting in line in a car at a mobile distribution is more tolerable in nice weather or during the summer when windows can be rolled down; the wait in line is harder in winter when drivers have to burn gas to keep their heaters on. The following comments are representative of the ways in which people described seasons and weather affecting their ability to access food:

- “It was always, like, during the summer fine. During the winter, it was hard. But it was kind of like you have to kick in to survival mode or determination to get to the place, to get the food and get back.” (Unhoused)
- “In the wintertime, at the of the month where you don't have any cash to buy gas, that's when it gets tough. You better have enough stuff in the freezer to tide you over.” (Veterans)
- “Like, if there is heat waves and things like that, a lot of people don't go out because of fear of heat stroke and things like that. And some people with heart conditions can't go out in those type of weather.” (Youth)

Case management gap

Finally, providers identified an external barrier to food access and to accessing supports and resources more generally: a lack of wraparound services and case management to help people navigate the various programs, eligibility criteria, and means of accessing support. The provider group noted that the lack of advocates and case managers in Rapid City makes it difficult for people to navigate program access. Consistent with this observation, several community members said they felt they made the most progress toward stability and self-sufficiency when they got connected to a case worker who could walk with them through a variety of matters, from getting identification and documents to resolving transportation issues to getting food and housing.

Providers described how difficult it can be for community members to discern which agency or program is the best fit to address a particular need. Too often, agency staff are unable or unwilling to provide that extra navigation service, given the other obligations on their plate. One provider asked, “How many times have you heard from somebody, from your client, saying, well, I've heard of you. I just didn't know what you did?” Another replied:

“There's kind of a Donna Beegle thing there where we don't have enough community health workers or people to take someone by the hand to walk them through that process. Usually, they're on the other side of the desk from someone who's just doing their job, saying, I've got to dot the i's and cross the t's, and what if you don't have your ID, you know? And they're just as stymied as the other person who's doing that. And it'd be nice if we could have more time to advocate, more people to advocate for getting those. I think that that's a real barrier.”

He elaborated, describing the generally uncompensated extra effort put on agency staff to know the breadth of the human services system in Rapid City in order to help clients navigate:

“I think in terms of greater resources. Each of us as agencies can do more hand holding with each of our individuals that we serve, and that's an unfunded sort of thing because not only do I have to do my stuff that we do, but when they access us for healthcare, we also have to know how we're doing access to food, how we're doing access to housing, how we're doing access to all the other things that impact their lives.”

One provider observed that the exception proves the rule: there are examples of wraparound services in Rapid City, but they are available only for limited populations. Yet these programs demonstrate the value of providing more comprehensive case management. One provider, who works with veterans, described the importance of addressing the multifaceted needs emerging from living with limited resources:

“We have a veteran program and we...provide that transportation, food, housing, it's all encompassing. But it's only for veterans.... I would like to see what we do with the veterans go into those other programs that we have.”

Individual characteristics

Individual characteristics also influence access to food resources. Some programs only serve certain groups of people (e.g., veterans, mothers and young children, older adults). Age emerged as the most salient individual characteristic affecting eligibility, since several large food programs only serve people of a certain age. For instance, YMCA meals, senior boxes, and Meals on Wheels delivery are only available to older adults. These programs are highly valued by recipients and considered successful by providers, but their reach is limited by age restrictions. Meals on Wheels, for instance, was lauded by providers as an amazing program for older adults that overcomes transportation barriers by delivering food to people's front doors, but older adults are not the only people in the community who need a service like this. As one provider explained:

“We deliver hot meals, but you have to be 60 or older to qualify. We have homebound people in Rapid City that don't qualify for our program, but they need that home delivery of hot, adequate, nutritious meals. And we can't offer that service to them...and that's a

huge issue.... Everybody else under 60, they have to go to the food. That's something that we really need to work on in Rapid City, is getting meals to people who are homebound, who don't qualify for a senior meal delivery service."

Youth reported some struggles with being able to access programs because they were under 18, both in Rapid City and in other communities. One told about an experience he had when he was 17. "I was staying with my buddy and his mom," he explained, "and her dad suggested I go with them to try and see if I can't get my own but, you know, since I was technically still underage, and I didn't have a physical address, I couldn't do nothing." Another participant shared an experience from when he was 16 and living in Montana, where "there were a lot of groups and places that do feeding that I tried to get in, but they said, like, you can't get in, you're too young. You have to be 18."

While some exclude those who are under 18, other programs are only available to youth. For instance, in Rapid City, the STEPS (Support Team Encouraging Perseverance and Strength) program at Journey On provides transportation help for youth ages 16 to 24.

Additionally, both providers and community members were aware that the summer feeding program was open to both children and adults. Providers explained that this was possible through a creative collaboration that allowed them to go beyond the typical constraints of summer feeding programs, which focus on school-age children. One provider described how much better the program worked after cementing the collaborations that allowed this expansion:

"I'm really grateful again for the partnership with Meals on Wheels and Black Hills Area Community Foundation for allowing us to provide meals to adults. It used to be our summer food program, we'd open the doors and when the children would sit there eating, the parents would just sit there and watch the kids eat. And we would say, well, you could eat for—a long time ago it used to be \$1.50, or \$3, that's where we stopped at. But people didn't have that kind of money on hand, so they would still just sit there and watch. It's been good to have that partnership."

Another provider shared how unique and innovative this partnership was. She recounted, "I went to a national USDA conference, and it's totally unheard of to have a summer food site provide a meal for adults, no matter what their age is. That's just unheard of. Nobody's doing this. And so, I visited USDA and talked about this wonderful partnership across our city, because I know there are like fourteen different sites for summer food that most of them get adult meals. That's really fabulous."

Beyond age, another individual characteristic that can pose a barrier to accessing programs is a high level of residential mobility. People who do not have a fixed residential address face barriers to registering and staying in contact with programs. One provider explained that this is a common situation for many people in the Rapid City area:

“I do think for our geography, for Rapid City being one of the most geographically isolated locations, surrounded by communities that are in need, we have a very transient population, right? And so, when you do sign up for these benefits, and then two months later, you move back to the reservation or to another rural area, your address is changing. You know, it gets difficult for people I think at that point too.”

Interpersonal interactions

Across all focus groups, experiences with programs and the people working there are mostly positive. However, participants did raise a few concerns regarding racism, especially toward Indigenous relatives in Rapid City. Additionally, participants described instances where pride and shame deter people from seeking out food resources. These actual and anticipated difficult interpersonal interactions can present a barrier to accessing food resources.

By and large, people reported positive experiences with food resources. They sometimes singled out specific staff with whom they had positive interactions, or recounted instances where staff went above and beyond to help with more than simply providing food. An older adult, for example, identified a specific staff member (Mary) with the senior box program who, she said, was “really nice” and had been there for her “for personal things.” A participant who was unhoused said about the Feeding South Dakota mobile distributions that “they have good brands, and stuff” and “they’re very nice and helpful.” The following comments are representative of the range of positive experiences participants shared:

- “You know, those people at those places are usually very, very nice and are just really willing to help you. I mean, even to the point where you know some of these places, I will say, I can’t do this online! I just get too frustrated, even though I’ve worked with computers for years, until I retired. And they’re more than willing to help you do it. They will just do it, which is really nice.” (Older adults)
- “I’ve never had any bad experience with any of those places. Most of them are volunteers, so they’re gonna be kind of, if they’re volunteering, you’ve got a good heart to begin with.” (Older adults)
- “I have good reactions, or I have good encounters with people there. They’re pretty helpful.” (Veterans)

Though most experiences were positive, several respondents described unpleasant experiences, typically centered around a feeling of being judged or looked down upon. Indigenous respondents in particular reported they confront racism and stigmatization from community leaders and, sometimes, store or agency staff or volunteers. One woman, a participant in the parents and guardians focus group, contrasted her experience of racism in Rapid City with her experience in more diverse and inclusive cities. “When I grew up and left the rez, I came here [to Rapid City],” she explained. “There was that prejudice. So, when I moved away, I was gone in the cities for 20 years, and I never experienced that because there’s a lot of people and they accept you. When I came back, I applied for every office work I could find. For two years, nobody would hire me, and I know I have the skills.” Another woman in the same group drew a connection to “that stuff with Central [High School]” where, she said, “they were zoning out the Native kids, and then making the parents fail too, like they wanted the parents to

fail too.” A man in the parents and guardians group concurred, saying, “Yeah, I have noticed that when I moved up here that the prejudice is very heavy up here. Especially in Rapid.” In the group of people who are unhoused, people shared personal experiences. One woman shared, “If you go in the store then they really watch you, like, oh did you steal this or...” Another woman who was unhoused, responding to a question about how Rapid City could improve food access, zeroed in on the issue of racism:

“There's a lot of things need to be changed. I mean, you don't know where to begin. The main thing would be for the children. A lot of children see a lot of things. I grew up here in the '60s, and the first thing that I see was racism. I learned it. I mean, I lived with it, and that's what I do: where not to go, where not to say, but just be where you're supposed to be.”

More generally, many participants across groups acknowledged that pride, stigma, and shame can create barriers to accessing resources, regardless of race. In some cases, people felt looked down upon or judged by program staff. In other cases, pride (or the anticipation of shame) prevented them from seeking help in the first place. The following comments are representative of participants' perspectives on the barrier of shame:

- “Sometimes they act like they look down on you.” (Parents and guardians)
- “I think they've lost that sense of compassion. Whatever program they're involved in, they feel like they're running the... they don't really care.” (Indigenous relatives)
- “It's like everywhere you go... Do you go to the DSS office? They've got looong faces, they don't smile, nothing. No ‘Can I help you?’ And you have to stand there, stand there, stand there. They call you, they won't even talk to you, they just call you. We're gonna stand here, and we're gonna call you.... It's like they want control.” (Indigenous relatives)
- “Or they act like it's their stuff they're giving away or something, and you don't want to go back. It's kind of humiliating. It's already bad enough for a Lakota person even to ask for help. You know, we're big on humility. To even just be able to drop to your knees and even just request help, or ask for help, or reach out for help.” (Indigenous relatives)
- “I feel embarrassed that I have to do it. Like last month, I was hanging on by a thread. I had like three dollars left than my account before my check came.... And just embarrassment, I guess, is the biggest thing. It's having to go like that, get help. And I'm not a person that likes to ask people for help much, I mean, I'd rather struggle sometimes than ask for help.” (Older adults)
- “When I have asked [for help], sometimes the person on the other end or in front of me face-to-face, they kind of give me a funny look like, why are you doing this? You know, and that that just intimidates me a little.” (Older adults)
- “I'm a tiny chick so people don't think I eat It's just like they automatically assume—Like here for instance, there was pizza and there's two guys in front of me already. They got three pieces. So, tell me why, when I went to get a third pizza they said, hey you've gotta make sure everyone has some. And so, it's just like placing the judgement of eating or not eating, you know, it's just the overall barrier of the amount of food.” (Unhoused)

On a related note, college and university students grappled with the perception that other people need resources more than they do. They said they were reluctant to tap into community food resources because their situations were temporary or because they had family support to fall back on. As one student put it, “I think other people would need it more, and I have, like, family and friends that I would reach out to first to kind of like, save that for people who maybe don't have that community, because I'm still in my hometown. That's kind of my thought process on that.” Another student shared a similar sentiment, sharing, “I would feel the same way, because I have a big support system. I have aunts, uncles, cousins that all live in Rapid, too, that I would feel that I would go to them first for any help or resources, before I would feel like I could take anything from the community potentially.” A third student shared that he felt his level of need was not dire enough to warrant help. As he put it, “I always felt like I need to be doing a lot worse before I would start reaching out to that. Like, yeah, I do have a lot of family in town too, and a lot of other resources. I always just assume that there's not, like, a huge surplus at the food bank or something.”

In addition to interpersonal interactions with program staff, or perceptions of stigma and shame, a few respondents said the fear of violence from other clients has stopped them from availing themselves of certain food resources. In the youth focus group, for instance, youth said concerns about violence made them less likely to use public transit. Among older adults, some said they would not walk to food resources because they feared for their safety while on foot. Among parents and guardians, participants shared personal experiences of violence. One woman, for instance, said ease of access was not her only concern when it comes to location; she also cares about the safety of the area. As they put it, “They might be easier to access but there's not always a safest way to get there.” She explained, “I know, personally, last year we were downtown and I got grabbed by a gentleman.”

People who had negative experiences with some programs raised examples of programs they saw as more welcoming. For instance, several Indigenous relatives reported feeling judged or stigmatized at some programs, but they identified Woyatan Lutheran Church and Wambli Ska as programs that feel like a welcoming place where they “don't discriminate on skin color.” These programs can be an example of what to strive for in making all food resources feel more welcoming.

Disenchantment with and distrust of leaders

Overall, participants—particularly those who were or had been unhoused—felt abandoned or even attacked by leaders. They saw a lack of leadership on relevant issues, or even open hostility from community leaders, as a barrier to addressing community food security. Many said they would like leaders to spend a day in their shoes to build understanding and empathy. They would encourage leaders to come out and talk to them personally to get a better understanding of what food insecurity looks like in Rapid City. The following quotations are representative of participants' sentiments regarding community leaders having more empathy:

- “Live in our shoes for a week.” (Indigenous relatives)
- “Come out into the public, talk to us.” (Indigenous relatives)

- “We’re going through something different than you. Do a little more outreach.” (Indigenous relatives)
- “Have the same day-to-day that we have.” (Parents and guardians)
- “Come live how we live for a year. They need to humble themselves a little bit.” (Parents and guardians)
- “Be about the needy.... Seriously, I mean actually...put yourself in poverty for once, finally struggle instead of looking down on us.” (Parents and guardians)
- “They say, hey we’re all in this together, right? But they, the higher ups, they feed on other people’s misery.... If we’re all in this together, why are they hurting us for them to be happy? If we’re all in this together, we’re all in this together, and they need to work on that.” (Unhoused)

Participants pointed to a general lack of resources as well as recent actions as evidence of hostility from public leaders (e.g., the Hope Center’s closing and the cutting down of trees in parks, which reduced shade and gathering places). From their perspective, community leaders sweep homelessness and food insecurity under the rug, denying the problem; this strategy is intensely frustrating to those in Rapid City experiencing these issues. The follow quotations represent, in participants’ own words, calls for community leaders to confront these issues head on:

- “The police need to quit harassing. They need to quit cutting the trees down. They need to have a place where they can at least sleep through the whole night, because at night they’re up all night for survival so they don’t get attacked, or they don’t get hurt. So, the shelter that would be fit for the day and night, for the hot and the cold. Always food...[and] we need a place to go cook, right? Even if it’s an open spot somewhere, that needs to be done. And the elders. [name] just got killed down there! They threw him in the water. Who was supposed to watch him? Those are happening now.” (Unhoused)
- “They kick you out of the parks too.” (Unhoused)
- “We need to be heard. We need to say all of this in City Hall, in front of the board down there, but it’s always dismissed.” (Unhoused)
- “They don’t care. They really don’t care.” (Unhoused)
- “There are a lot of people here in the community alone, Indigenous or not Indigenous that are very aware of the homelessness here.... What could be encouraged more would be more individuals in the community who talk about the homelessness, but actually don’t do anything about it, to encourage them more to actually do something, so like prepping people to put them in bags, making boatloads of meals and, you know, putting them in disposable containers and giving them to the individuals that they see out there, and just kind of providing water, you know, like, if they can’t come to you, have some type of sympathy to go to them in that case.” (Unhoused)
- “Do community feeds at Main Street Square so it doesn’t appear that there’s no problems in South Dakota. ‘It’ll scare away the tourists.’? They’re kind of cutting off the nose to spite the face by sweeping it under the rug and [hoping] they won’t be around where the money is. It doesn’t work because they just freeze to death.” (Veterans)

Regarding food, participants spoke out saying access to food is a human right that should not be denied regardless of a person's circumstances. As one woman in the focus group of people who are unhoused said:

"It shouldn't be so difficult to have food. That is a life necessity. It comes to that point where it's that much of a struggle, it's going to affect communities, politicians. It affects everybody. Not even to get political, it affects everybody. It's a necessity, really. That's all I'm going to say."

Several participants shared their frustration at what they saw as a lack of empathy and compassion, which squashed their efforts to work towards self-sufficiency. They believed some antipathy toward the poor and unhoused members of the Rapid City community came from a perception people were seeking handouts, when many participants said what they were looking for was a hand up. For instance, a man in the focus group of people who are unhoused felt that community leaders "need to work on their compassion" and "start being more patient and understanding for the people out here, almost in the struggle." He pointed out that people need "to get [an] adequate night's sleep, or they can get up fresh and fully rested for they can accomplish a job and move up in their life. You know," he continued"

"It's kind of hard to do when they don't have the empathy and they don't have the patience.... It's a lot easier to get back up when someone's there to help you up. You know what I mean? And it's kind of hard to start a new life and move up when you only get three, four hours sleep at night, and you're watching out to get hurt half the night."

Applying these feelings to food security, many said they would like to see more awareness raising and compassion around food security. Providers believed that food could be a way to open the door to help people on the path to self-sufficiency. One provider framed it like this:

"Food really is just a way to build relationship, right? We use it in so many different aspects of our culture. And I think there's some folks in our community who believe that we shouldn't give handouts, right? And I get that, I totally 100% get that, because accountability is important and helping people understand that is important. However, I think we can use food as a way to open a door and to create a relationship that then leads to something else, addressing those underlying reasons why somebody is food insecure to begin with.... But I think it requires a community conversation about what that looks like and to ignite that perception change."

Food types

The types of food that are most often received from food distributions tend also to be the least expensive foods for people to buy from grocery stores: canned foods and other shelf-stable foods. The reverse is also true: the foods most rarely found at distributions (or received in worst quality) are the same foods people struggle to afford at the store—namely, fresh fruits, vegetables, and proteins. Other tough-to-find foods include spices, formula and baby food, and

cultural or traditional foods; these foods are not universally sought out, but are desired by subgroups of people. Some of the foods received from distributions are less used or less wanted by recipients, who tend to redistribute them to friends and neighbors; these least wanted foods include foods people cannot eat for health reasons, foods they cannot or do not know how to prepare such as dried beans, and unfamiliar or poor-quality foods.

Proteins

Participants report that it is rare to find much meat in food boxes from distributions; at the same time, meat is expensive to buy at the store. As a result, meat ranks as one of the most difficult food items for people to secure. Asked what food types are hardest to find, one older adult responded, “I would say, in the boxes that you get, I would say the fruits and vegetables and meat. Sometimes there's absolutely no meat in them.” A participant in the youth focus group echoed this observation, noting, “A lot of like meat aren't usually in the box, that would be one of the main things I would get.” Participants across all other focus groups generally concurred, though Indigenous relatives pointed out that Mother Butler does provide buffalo meat. Providers also recognized that meat is one of the food groups in short supply relative to demand. One provider acknowledged that “there is plenty of protein alternatives in the food pantry. But again,” she continued, “people don't know what they don't know, and they're gonna prefer meat most of the time over whatever bean and dry bean option's available in the food pantry. Yeah, meat is always something that's in high demand. But we never get enough of it.”

Given the difficulty finding fresh meat, community members turn to alternative protein sources, including eggs, dairy, and beans. As a participant in the youth focus group explained, “The thing with meat is that, that meats not always an option, like you really need to take it upon yourself to learn what other foods have protein.” Many of the youth-like participants in other groups—said they eat eggs for protein. Canned beans were also mentioned as a source of protein that people eat, though very few people said they were willing to prepare or eat dried beans. Some participants reported that canned beans can be tough to find from food distributions. While dairy was mentioned by some as a protein source, several participants raised concerns, including among those who are lactose intolerant or allergic to dairy (non-dairy alternatives are very rare at food distributions and very expensive at stores) and those whose access to refrigeration is limited (finding fresh dairy products and keeping them fresh can be a challenge).

Across groups, people shared creative strategies they employ to incorporate meat into their diets affordably. For example, they may time their purchases of more expensive but long-lasting items like meat (which can be frozen) to align with when they receive SNAP or Social Security checks; as a result, by the end of the month, meat (and other more expensive items such as fresh fruit) is missing from the table. Older adults reported they watch for sales on meat or shop discounted meat near its expiration date and stock up. Several parents and guardians and college students said they decided to spring for a membership at Sam's Club in order to buy meat in bulk, which they find more affordable.

Fresh fruits and vegetables

Like meat, fresh fruits and vegetables are among the most difficult foods to find or afford. A provider at a youth- and family-serving organization observed, “Fresh fruit and vegetables are very much in demand from our folks.” Similarly, a woman in the group of people who are unhoused commented, “Like Feeding South Dakota, I wish they had more fresh food. Sometimes in the summer, but mostly it's just canned stuff. Yeah, [I'd] like more fresh.” When pantries do give out fresh fruits and vegetables, they are often already going bad or have gone bad. Across groups, participants said it was a challenge to find quality fresh fruits and vegetables that did not go bad quickly, difficult to buy in quantities and frequencies to keep them fresh on hand, and tough to afford them.

The cost of fresh fruits and vegetables was identified as one barrier to obtaining them. The following comments are representative of participants' perspectives on the expense of this food type:

- “Yeah, the cost of food and then to try to eat healthy is even more expensive, like buying fresh fruits and vegetables and stuff is outrageous.” (Parents and guardians)
- “Some of the stuff that I should really—and I do most the time—eat when I'm supposed to eat. But keeping fresh vegetables and fruit is expensive, and it's gotten more expensive over the years.” (Older adults)
- “Fruits and vegetables are so frickin' expensive!” (Older adults)
- “Yeah, to get is easy, but affording, nah.” (Parents and guardians)
- “Watermelon is more expensive than french fries, but it's way healthier... And then you buy the watermelon and it tastes like crap and they won't eat it. So it goes to waste, that's what is hard.” (Parents and guardians)
- “Fresh stuff is more expensive to like find recipes for.” (Postsecondary)
- “My food is a million dollars already. Throwing in fresh fruit, fresh vegetables is going to make that price skyrocket even more.” (Postsecondary student with a food allergy)

An additional barrier to getting fresh fruits and vegetables is quality. Participants said that often, the quality of fresh fruits and vegetables—whether from a food distribution or a store—is lacking. The items are already rotting or quick to go bad after they get them home. This compounds affordability issues because people pay for food they cannot use. As one Indigenous relative said, “Even when you buy it from a grocery store, they don't have much life left as you purchase them. So, you have to buy a bag of oranges, and you only get probably two that are going to be good and the rest are bad.” A man in the parents and guardians group noted that, when he shops at Walmart, “the majority of the produce that they have there that say fresh produce isn't really fresh anyways. You get strawberries and in two days they're already molded out and dead.” Older adults, too, shared their frustration with fresh fruits and vegetables. “For some odd reason,” one woman reported, “they don't last.” Other participants in the group suggested freezing or canning them, but these suggestions were met with objections from people who do not have the freezer space or capability to do so. In other groups, some participants said they had turned to buying frozen vegetables instead of fresh because they keep longer.

Community members and providers alike described how the short shelf life of fresh produce makes it difficult to distribute and to keep on hand. Strategies that work for frozen meat (buying in bulk) do not work for fresh produce, and fresh items cannot be easily stored by food programs. Several focus group participants said they avoid buying fresh produce because they know they may not be able to use it before it goes bad. A university student said she struggles to incorporate fruits and vegetables in her diet “because they go bad so fast, especially when I can only make one grocery store trip a month.” One provider explained that they were happy to have a freezer to be able to store and distribute meat at the pantry they operate, but wished they had more capacity for fresh produce. As she said, “we’re limited on the amount of things we can store in that food pantry. We don’t have a ton of produce, which is obviously something we wish we could distribute a lot more of. But most of it is shelf stable items, frozen meat if we can get it. But yeah, not really vegetables or fruits, which obviously in the food desert, is a commodity folks really don’t have access to.”

Further, when time and energy are short, people cut fruits and vegetables from their menus. Compared to packaged and processed foods, fresh fruits and vegetables require more knowledge and skill to prepare in a tasty way, which presents an extra hurdle to incorporating them into meals. College and university students were most forthcoming about this challenge. As one student explained, since moving out of her family home, “I’ve noticed a shift in, like, how often I eat and then just all of the extra sides have kind of gone out the window. I’m not gonna spend my time making all the extra things.” Another student acknowledged, “Vegetables don’t taste that good. Like you have to make them taste good,” to which another participant responded, “For me, fruit is pretty easy, because it’s like a snack, you know? But veggies, I would say, is the hardest thing, because it feels like, if it’s not incorporated in the meal itself, that has to be a side, and it has to be extra work, and you have to, like, make it taste better. And I think that’s hard.” Providers, too, acknowledged that access to fresh produce is not enough to get these foods on plates: “I think that, realistically, all of us struggle to get enough fresh vegetables and fruits into our own diets. Even if we are not food insecure, we don’t eat as much as we can.... So yeah, some of it’s just exposure.”

Spices and raw ingredients

In addition to fresh food items (meat, fruits, and vegetables), spices and raw ingredients for baking are also desired but tough to find. Indigenous relatives in particular said they wished food distributions included more raw ingredients such as butter and cooking oil as well as sugar, baking soda and baking powder, and flour—ingredients that can be used for a variety of foods, including but not limited to frybread. One woman who was unhoused said spices are also difficult to find: “Things like that, like, salt, pepper, those type of things, you never get those. Like you’re gonna have to go and buy it yourself.”

Formula and baby food

Parents and guardians found it difficult to get enough formula. Several participants in the parents and guardians group described their strategies for getting formula for their babies. Some said they would use SNAP to buy formula first, reducing their own food intake. As one

woman said, “I just bought the formula with the food stamps that I got, and then just made do with whatever else. I bought the formula first, is what I’m saying.” Another woman shared the sacrifices she made to ensure her babies were fed:

“There was a time where I had to choose between feeding my child and they were on formula. So, it was either child gets fed and I don’t, or they don’t get fed, things like that. So, I had to, like, create a method where I got one Little Caesars pizza per week, and that was my lunch and dinner, and then my baby would get formula for that week. You know, that’s the sacrifices we have to make. I think with formula costs going up...that is definitely something that I know a lot of mothers, grandmothers, guardians, who are taking care of babies, have to choose between is, do I eat? Or does my baby eat? But if the parents not taken care of, then the child can’t be taken care of, so it’s a hard choice. So, I think making things like that available [is important].”

Another participant in this group shared her experience struggling to feed her baby, noting that even with support from Medicaid or WIC, parents may struggle to get enough formula:

“A bit personal, but our son, he ended up in the hospital for malnutrition. We had to get formula through the state for his Medicaid, and he still burned through it, and he had a half-gallon about two weeks per month. He just burned through it so quick. Even now, I’m happy to pay for it. It’s getting more expensive by the day. And even people I know that use WIC, they only get so much formula, and if you got a colicky baby, they suck it down like water.”

Others turned to programs such as Mommy’s Closet, but they found their stock of formula was unreliable because it depended on donations. They found social media to be just as reliable. Parents and guardians said they sometimes turn to online groups like the Facebook page Black Hills Cup of Sugar or Rapid City Helping Hands, which one woman described as “people that have the money to be like, ‘Oh you need help with dog food? I’ll buy you a bag. You need help with formula? Cool, I’ll buy you a can.’ People that give.” Other parents and guardians in the group affirmed this experience. As one woman shared, “I’ve noticed that, too, on Facebook. There’s a huge community that does help with people asking, as long as you’re not on there asking for money, or, you know, something like that. There might be a parent that has some extra formula that their baby couldn’t drink because of a reaction to it, or whatever, they do give it to other people. So, there is a lot of help community wise, just individual people.”

Cultural and traditional foods

Access to cultural foods is a struggle in Rapid City. The fact that concern over limited access to cultural foods is not shared by the majority of the population is part of the problem. Providers acknowledged that meeting a wide variety of needs and preferences can be tough for large-scale feeding efforts. For meal programs and community meals, as one provider explained, “one of the big challenges of meeting individual needs, or cultural needs, is that you’re cooking for 200, and to try to cook individually for, say, half a dozen even, the time and resources, it doesn’t work in our kind of setting.” Similarly, for food distributions, efficiency at scale demands some

uniformity in what is distributed. As a provider explained, “You're serving now, at this point, 300 every distribution, instead of 150. The boxes are all packed very similar. You know, everyone's getting, not necessarily the exact same thing, but very similar things.”

Providers suggested that “people understand that to a large extent, it's what they get, and they don't have a choice,” and that people make decisions about cultural or religious practices so they can “live by the rules, not die by them.” Indeed, community members said they make do with the food they have available. That said, they did mention certain foods they wished for. Indigenous relatives in particular said they would like to be able to find kidneys more often, as well as flour and raw ingredients for frybread. One Indigenous woman shared how she continues family and cultural traditions with the ingredients she can access:

“I make frybread, I was taught at a young age. Frybread, wojapi, bapa, washna. Things like that. Like washna is really hard because it's made with chokecherries, and they only come in during the summer season, or spring/summer. I mean, wojapi, I can use the canned fruit, you know, like the blueberries, plums, I could use those too. But it's just, I mean, I've done it since I was little so I know ways around it.”

In the youth focus group, participants reported that they have found ethnic grocery stores may not accept SNAP, which could present a barrier to buying special ingredients.

Canned foods

Canned foods tend to be the most accessible food type, especially when it comes to what is given out at food pantries and what people can afford when grocery shopping, but they are not always the most nutritious and do not always address people's health needs.

Several participants said canned foods are ubiquitous but they cannot eat them because they are supposed to watch their sodium intake. An older adult, living with kidney disease, said she does not use any canned food because of the salt content. Instead, she opts for frozen or fresh. “It's really hard,” she said, “because I have to sit there and read every can if I decide to get something out of a can for the salt content, the potassium content, and the phosphorus content.” Another older adult reported she receives an abundance of canned food items from food distributions, but, because of her health needs, “I can normally only have like four or five cans out of 15.” An Indigenous relative summed up the difficulty with canned foods:

“Sometimes, you know, there are people out there with health problems—diabetes, things like that. So, they need that iron, they need that sugar. But if they're just getting canned food, when it comes to a lot of sodium, sugar, syrupy things, it's not really nutritional. They need more things like whole grain, fresh fruit, and fresh produce. You know, even buffalo is more lean and healthy.”

Still, many rely on canned goods as an affordable food choice. In addition to receiving canned foods from food distributions, people buy them from stores because they are typically affordable and can be found where people shop, including dollar stores. One older adult reported, “I've

been going just to the dollar store to get canned goods, you know, and rice and whatever side dish is cheaper.” A veteran shared a similar shopping strategy: “I pretty much just have been eating canned goods and shopping at the Dollar Tree.”

Compared to fresh produce, canned goods have the advantage of being shelf stable. This allows people to stock up, an advantage for anyone who makes infrequent shopping trips or tries to buy items while on sale. A participant in the parents and guardians group remarked, “Canned goods last a while and you can stock up on them even if they’re on sale.” Canned meals such as canned ravioli or spaghetti rings also offer a cheap, convenient, all-in-one-package meal solution for time-strapped adults, and caretakers report children find them palatable and will eat them. As one older adult put it, “It’s not the healthiest thing, but it’s cheap.”

Unwanted pantry foods

Dried beans seem to be one of the most prominent foods received in pantry boxes that people do not like to get. Other specific foods that people mentioned not wanting or leaving behind at distribution include the following: “those yellow beans”, prunes, canned beets, dried beans, and vegetarian jerky. In general, less desirable food types include unfamiliar foods, foods that people cannot prepare into a meal, foods people cannot eat for health reasons, and foods received in excessive quantities.

While participants said they make do with the food that they receive, unfamiliar foods pose a challenge. Several participants expressed a strong preference for familiar foods. A group of veterans, for instance, questioned some of the food they had received in food bags. “What’s up with that okra? What is okra?” one asked. An older adult who struggles to meet her dietary needs for managing chronic health conditions said she wishes there were more familiar foods she could eat that met those guidelines: “I would like somebody just to hand me some menus of normal food, not just exotic stuff that you don’t have in your household, but just everyday, normal food menus.”

People also struggle to make use of food items that do not fit together to make a meal. A participant in the group of people who are unhoused observed, “Sometime they’d put like more canned goods than actual solid meals. Sometimes they’ll give you meat but like, no noodles.” A participant in the youth focus group echoed this observation, saying, “Sometimes, it’d be easier if they had stuff to make a meal. Sometimes you’ll get, like, ten onions and a piece of bread, and you’re like, I don’t really want to deal with this.”

Some food items are left behind or go unused because recipients cannot eat or prepare them. One provider, for instance, recounted when she realized “certain things get left behind, not because people don’t like—like, apples, for example. Quite a few of the kids don’t have great dental care, right? And so, trying to bite into an apple, or even if you’re elderly, right? Even some of the non-elderly adults don’t have great dental care, and so trying to get into an apple is really hard. So, we started buying boxes of bananas, and they go every time.” Dried beans were among the most frequently mentioned food that goes unused because people cannot or do not want to prepare them. One provider had noticed dried beans are not popular among her clients

because they are labor intensive and time consuming to prepare. “It’s just, you open a can and it’s right there, you can eat it,” she explained, “But it’s like a two-day process to make chili [with dried beans], to soak them overnight. And so, I get that, I get why they get brought back, not that they don’t like them, because they’ll buy them in a can, but they won’t get them in a bag.” Indeed, across focus groups, community members reported using canned beans—in some cases preferring canned baked beans or seasoned beans—but not using canned beans. As a participant in the youth focus group put it, “Ew.”

Some foods may be left behind or unused because they do not meet people’s dietary and health needs. Because people are not able to pick out individual food items, they end up with items they cannot use. For instance, one older adult, who juggled many health-related dietary needs, explained that she finds it difficult to get the right foods. When she receives food she cannot eat, she gives it away because she does not want to throw it away. “I give it to a friend,” she said, “because you never know what’s in the bag you get ‘til you get home.” She continued:

“They’re usually sealed in boxes and bags and when you get it from the senior box you get a box that’s closed and taped up and then you get a box of cheese. And the yellow cheese... I can’t have whole milk because I was born allergic to it when I was younger, when I was a baby.... [And] there’s usually about six or eight cans I can’t eat. Like I said the tomatoes, and the salmon. But I can always find homes for it, I know you’re not supposed to give it away, but I can’t always know what’s in the bag till I get home.”

Another older adult recalled before COVID, when Feeding South Dakota maintained a food pantry where “you did the little shopping cart and got what you wanted, that was perfect for me”—both because he could choose the quantity of food he needed as someone who lives alone and because he could select items he would use as someone who is lactose intolerant.

Receiving too much of a single item can pose a problem for recipients, especially people who live alone or in small households, or those with limited food storage space. An older adult recalled a time she received a gross of turnovers. “I ended up taking some down to the Minneluzahan and having them cook them,” she said, “because there’s no way I could—well in the first place I shouldn’t be eating them, you know, but I didn’t keep a whole lot.” She reported having gotten “whole boxes of vegetables, or cakes, or hoe cakes, or biscuits,” large quantities that she shared because she could not use.

Finally, with food from food distributions, some people reported receiving food they were wary about using because of its quality. Across focus groups, people recounted receiving items past their “best by” date, moldy bread, and rotten or moldy fruits and vegetables. A participant in the Indigenous relatives group voiced the dilemma of “when you’re in that situation, you have to decide between, should I risk it?” In the same group, another participant wondered whether volunteers were “aware of what they’re giving us, because I’ve seen them put moldy potatoes in there, like the volunteers who are handling the food like, at least look at the food you’re giving, don’t just put it in there.” Older adults said they had received “fruit has been bad” or “strawberries go bad like the next day.” A participant in the group of people who are unhoused

said she had “noticed that some of the meat has been like 2012.” In the parents and guardians focus group, a participant speculated, “Probably some of that stuff they give you at that truck goes to waste because it's not used. It's already expired when you get it.” That said, there were also participants who reported finding quality issues with Feeding South Dakota mobile distributions only, as an older adult said, “on very rare occasions.”

Health needs

People document negative health effects from food insecurity, ranging from loss of focus to severe malnutrition. People in Rapid City struggling with food insecurity have a variety of health concerns, and it is difficult for them to find or afford the food they need to meet their nutritional needs. For example, people with allergies or diabetes struggle to find the right foods at food pantries and grocery stores. Specialty items, like lactose-free or gluten-free products, tend to be expensive and in short supply. This results in people going without, buying unhealthy food, or facing trade-offs in their budget to pay more for specialty items. The youth and postsecondary students also noted that lack of access to nutritious food impacts their focus and daily performance. Overall, people report experiencing negative health effects from food insecurity, ranging from loss of focus to diabetic shock and malnutrition.

Types of health concerns

People raised a variety of health concerns, including food allergies, heart disease, diabetes, kidney disease, diverticulitis, and food intolerances. Allergies are a fairly common and significant barrier to food access for people facing food insecurity in Rapid City because of the lack of options at food pantries and the cost of allergy-friendly foods at grocery stores. Diabetes also makes it difficult for people to find the right kinds of food in the grocery stores and at food pantries. Other health concerns mentioned by community members were diverticulitis, kidney disease, heart disease, anemia, and sensory issues.

Special diets are more expensive

Respondents pointed out that foods for special diets—for example, gluten-free or lactose-free foods—tend to be more expensive to buy at the store and less readily available from food pantries or other food providers. The following comments are representative of perspectives shared by participants regarding the cost of following special diets:

- “I’m lactose intolerant. Now that’s expensive.” (Older adults)
- “It’s a lot pricier, though, when you have to be on a special diet.” (Indigenous relatives)
- “Not tough [to find food I can have], but more expensive than what most people pay for a gallon of milk. I only get a half gallon because I have to buy the lactose-free stuff, which limits me on different types of cheeses. I can’t do cottage cheese, cream cheese, sour cream. I can do the stuff that’s made out of tofu, which is kind of disgusting and twice the price.” (Older adults)
- “With my allergy, all of my food options are a lot more [expensive], like a loaf of bread that size is about five bucks for me. So, it’s easier for me to go to school [cafeteria], even

though I risk getting sick anyways, it's cheaper to just eat there.” (Postsecondary students)

- “I’m like an extremely picky eater. Even when I was like five, six, I’d eat only like the six main things. And I think the problem with that, too, is that texture and like trying to find food that I like and it’s affordable, it’s difficult.” (Youth)

Specialty items can be hard to find (low supply)

Beyond the added expense of allergy-friendly or other specialty items, these foods can be difficult to find—whether at grocery stores, school cafeterias, or food distributions and community feeds. An older adult remarked, “A lot of times the selection of lactose-free stuff [at stores] is very small, and it sells out real fast.” A parent of a child with an allergy noted, “When it comes to allergies, peanut oil, coconut oil, stuff like that, which are the main allergies, it’s hard to find anything that doesn’t use it.” College and university students struggled to find appropriate foods in their school cafeterias, where they risked cross-contamination, as well as from school pantries where “there’s not a lot of gluten-free options,” for instance. Veterans discussed the foods they received from Feeding South Dakota mobile distributions and senior boxes. One man found the foods available are “not good for a heart patient, I’ll tell you that,” while a woman said she struggled as someone with diabetes to meet her dietary needs from foods in these boxes. On the whole, they found the foods available from food programs are often high in sodium and carbohydrates compared to their dietary recommendations.

Go without, buy “junk,” pay more, or make do

If people cannot find or afford the items they need to meet their nutritional requirements, they go without, buy “junk,” or pay more and face tradeoffs in other parts of their budget. An older adult, for instance, chose not to buy lactose-free milk rather than pay the higher price. “I just don’t buy lactose-free milk,” she explained, “And that’s what I should buy... so I just don’t drink any.” Another participant in the older adults group went against medical recommendations to eat more fish, noting, “It’s difficult picking out foods for my condition.” In the focus group with people who are unhoused, one participant talked about the challenge of managing her diabetes. “I got diabetes. I can’t eat certain things,” she explained, so “through the week I just eat the same thing through the whole week. Certain days I’ll just not eat certain stuff because I can’t afford it.”

In other cases, people buy less expensive foods, though they know these foods are less healthful or do not meet their dietary needs. For instance, an older adult said that when she struggles with affordability, “You just end up eating junk, because that’s the stuff that lasts. Just like you know, the darker bread is better for you. But now I find myself buying the white bread because a loaf of like rye or something is nine dollars! For one loaf of bread! So, you buy the cheap white bread.” Asked to summarize their message for the community about food access in Rapid City, she concluded, “to me it’s obvious, is that there’s a need for affordable, accessible, consistent, healthy food. That’s it.” A man in the same group agreed: “If you can’t find healthy food to eat, you still gotta eat, so what do you do? You buy crap, and then that’s just gonna cause more problems in the long run.”

Some people rely more on purchasing their food despite the strain on their budget because it ensures they can choose the items they need. That is, they pay more rather than rely on food distributions or community feeds because it grants them more control over the foods they eat. One participant in the parents and guardians focus group said, despite struggling to make ends meet, he buys all of his food rather than rely on food distributions. “Always, always grocery store,” he explained, “because you're gonna get food that you're gonna use. Instead of food that's come to you that you're not gonna use, that you have dietary restrictions.”

Some individuals may also choose to make do with the food that is available, prioritizing other needs in their lives over food needs. A provider shared that this experience is common among community members dealing with crises related to homelessness, for instance. “We've had guests who are dealing with so many other crucial issues in their life,” he explained, “that they're tolerating, you know, the food or the—[it] sounds bad, tolerating food, but you know, okay, I'll take this because I've got this court issue that I'm dealing with, or whatever. So at least knowing where they can get a meal and at least takes that off their plate.”

Negative health effects

Ultimately, if people cannot access the amount, quality, and types of foods they need to meet their dietary requirements, they encounter negative health effects. The effects participants described ranged from loss of focus to diabetic shock and malnutrition. The following quotations are representative of the types of negative health effects participants described:

- “I started losing my hair. It was affecting my health, and I finally told the doctor and she said I needed to eat more protein, and that showed up in my bloodwork, [I wasn't eating enough protein].” (Older adults)
- “Yeah, I feel like I have a lot less energy if I don't eat well. [I'm] more irritable.” (Postsecondary students)
- “[I feel] lethargic, foggy headed.” (Postsecondary students)
- “I went into diabetic shock when I was driving, and...we got back to a motel. [They said,] ‘She's drunk, take her to jail,’ but I wasn't drunk and...I went to the hospital. And by their standards I should have died, you know, but I didn't die. But I was malnourished. I said how could I be malnourished? All the time I was cooking for them [my kids] and I wasn't really eating, so they said I was really malnourished.” (Unhoused)
- “If you're not eating as much, it can really affect lots of things including mental health and you can get sick from it.” (Youth)
- “It can really just impact your performance in general, like if you wake up and you can only have, like, some rice with pasta sauce for breakfast and that's like your meal for the day, you're just not going to be as motivated. It's like you go home and you're not doing the dishes, you're not doing the laundry, like you're not complying with the rest of the things that your life is asking you to do.” (Youth)
- “Especially if you're younger and you know your body is growing and everything, and like, certain types of foods and proteins is a big part of that. If you don't get or like can't get a certain amount or enough of that, most people become underweight and then you start having health issues and it's not very good for anybody.” (Youth)

Providers cannot accommodate all needs

For their part, providers were aware of the diversity of dietary needs and preferences among the people they serve. However, they acknowledged that they were not able to accommodate all dietary preferences. Rather, they distinguished between medical needs (allergies, lactose intolerance, needs documented with a doctor's note) that some programs are required to meet and preferences (e.g., vegetarian or vegan diets, religious preferences) that they often "don't have the space or that manpower to accommodate that."

On the one hand, providers do their best to accommodate what they can. One provider recounted, "For some reason we've usually make it work. If somebody asks for something different, we have a kind of a side area. We have different foods available, and our staff knows the guests pretty well. Oh yep, that's Joey, he can't have this. They whip something up real quick. So, we make it work. I honestly don't know how, but it works."

On the other hand, other programs are unable to accommodate even medically documented needs and are forced to turn people away. As one provider explained, "we have to turn away people with celiac, we have to turn people away with deathly [allergies], where a mistake can result in a death. We just can't accommodate that." This provider further clarified that she is not aware of anywhere that she can refer these people where they can find suitable food.

Ability to prepare food

Many people cook most of their meals at home because it is less expensive than eating out. However, not everyone has access to a kitchen or cooking tools—especially people who are unhoused. Additionally, knowledge of cooking skills varies widely: those who feel most comfortable in the kitchen often learned to cook from family; others are self-taught. Limited time or mobility issues can also hamper food preparation: People who are short on time or energy prioritize quick, convenient foods over nutritious meals. Some people struggle with food preparation due to illness or disability.

Homecooked meals versus food away from home

People cook at home because it is more affordable, even though it has costs in terms of time and effort. Across focus groups, participants said they mostly cook and eat at home because it is the most cost-effective option; some noted that cooking at home is healthier, too. An older adult shared, "We eat at home for health reasons. You go out to eat and it's not healthy to go out to eat." Another participant in the same group concurred, adding, "And it's so expensive, no matter what you get. And like with my grandkids, I have two...and geez, to take all three of us-- Well, I haven't did it in a while! I don't like to cook either, but it's cheaper." Parents and guardians likewise spoke about cooking at home in order to save money, though they observed that fast food restaurants offer five-dollar bags that seem less expensive than buying ingredients for a homecooked meal.

Many participants expressed a desire to be able to go out to eat, but they typically chose not to because it is too expensive. An older adult reflected, “I would love to eat out, but I can’t afford it, but I hate cooking.” Youth tended to eat away from home more than other groups, though they acknowledged the financial cost—which may mean they are left at the end of a pay period with no money left for food. Asked what a normal week looks like, one participant in the youth focus group quipped, “Paycheck, McDonald’s, and then starve for the rest of the week.”

Across groups, time and convenience were recognized as tradeoffs with the financial savings of cooking at home. College and university students were most acutely aware of the time tradeoff: for them, time was often the most precious resource. They may also have had a unique perspective because they saw their current financial and time constraints as temporary and could envision a future, not too far off, when they anticipated having more financial resources as well as more time and energy to cook. One college student recalled, “My family, we all grew up, we hardly ever ate out. We buy in bulk at like Sam’s Club, and then make meals throughout the week, and kind of just helping to save money by buying bulk and cooking at home.... But then in college, when you’re time crunched, you don’t have, sometimes, a half an hour or an hour to put into making a dish. So, then you resort to a quick boxed meal or something that doesn’t have too much nutrition.” Another student added, “I do enjoy cooking. I want to get better at it, get better at baking. I think when I have graduated and I work my, like, three twelves a week, and have a little more time to spend on it and money to spend on it, I’ll probably start, so it’s mostly just time.”

Kitchen access and food storage

While people widely regarded cooking at home as the most economical option, for some people without kitchen access, it is not a choice. Lack of access to a kitchen or to the equipment required for food storage and preparation poses a barrier for some community members, particularly those who are unhoused or living in motels. Without the ability to store and prepare food, people are unable to take full advantage of food resources such as SNAP or distributions of foods meant to be prepared at home.

Across focus groups, people pointed out the fact that people who are unhoused or living in motels often lack access to the means to cook food. Several participants suggested workarounds, including hotplates, slow cookers, air fryers, and even cooking in hotel coffee pots—all options that could be used by those staying in motels, though generally not by people who are unsheltered. In the parents and guardians focus group, one woman shared her experience. “When we first came back from California,” she said, “we didn’t know anybody here...so we went to the North Street [motel] and they rented [to] us. They let us have a fry plate and then a crockpot. We were able to cook meals like that.” Providers shared that many of the people they serve “live in hotels, and so the preparation of food is just, it’s not something that can be done. So that’s a tough one for our people, too, is they have access to the food, but they have no means of preparing it.”

Storing food is also a challenge: even people who are able to cook in a slow cooker, for instance, may have limited refrigerator or freezer space. People who are unhoused or move

frequently face especially steep challenges in storing food. Lack of food storage can lead people to turn down some foods at distributions if they lack the means to store it safely. One woman who was unhoused said dairy is especially difficult because it must be kept cold. Without adequate food storage, people also miss out on cost-saving strategies such as buying in bulk. An older adult shared that she buys in bulk to cut costs, but she knows “a lot of people don't have room in their apartment for that bulk stuff.” Providers likewise recognized the problem. As one provider acknowledged, “Cooking access and refrigeration [are problems], if they live in motel rooms or lodging for people, because it sounds like it's very, very, very limited. If there were more full-size refrigerators, not a college refrigerator, maybe some cooking access in those rooms would be good.”

Without access to cooking facilities and food storage, community members cannot fully utilize food resources such as food distributions. A participant in the parents and guardians focus group pointed to people who cannot open the canned goods that are so common in food distribution boxes. She said, “I think that the boxes, as much as they're a great asset when you actually get them, not everyone has a can opener. If you're homeless, you're on the street, you go without these things.” Speaking from personal experience, a woman who recently moved into a transitional housing program after being unhoused said she struggled to make use of canned food from distributions. “They'd give me enough for me,” she said, “but a lot of the stuff they give, you need a can opener or, you know, somewhere to cook it.” She elaborated, explaining the people without the ability to store food have little choice but to give it away or sell it. As an example, she shared, “Mother Butler gives out big boxes of food, but it's really hard. You know, you can only—especially for the ones on the street—take what you can eat, because you have to leave behind, like the meat. People would usually sell them to relatives and stuff for money in those cases.” Because of these issues, for people without kitchen access, it is often more feasible to attend a community feed than receive unprepared food at a distribution.

Providers, aware of the difficulties people may face in using food from distributions, said they have tried to anticipate and accommodate the needs of people without access to kitchens, utensils, or food storage. One provider explained that at his organization, a clinic, “We'll have to prepare two separate bags that we hand out to our patients. One being [things that] don't require a can opener.” This requires extra staff time and effort as well as extra storage space at the clinic to keep both types of bags on hand. Another provider said her organization prepares non-cooking bags, which include more processed foods that can be microwaved, whereas their cooking bags contain “things like rice and pasta and frozen meat.”

Similarly, SNAP benefits are difficult for people to use if they do not have a place to store and prepare the foods they purchase. Because SNAP generally cannot be used for hot, prepared food, it does not work well for people who are unhoused or lack kitchen access or appliances. As one Indigenous relative explained, “It's three times as expensive to me because I have nowhere to cook or prepare my food. Or can openers. So then there's that added expense. Primarily food stamps [is how I get food], but because it's six dollars a sandwich even in the grocery store, or ten dollars for a salad, it goes pretty quick.” Participant in the youth focus group shared similar experiences. One youth said he wished it were possible to use SNAP for

more prepared meals. “If you’re living...just on the streets,” he said, “and you don’t got a microwave or an oven, it would be kind of useful if...some fast food got passable for, like EBT, like Little Caesars or Subway, even Taco Bell.”

Asked where they could prepare food if they did not have a kitchen, participants generally said they would first turn to relatives or friends. A veteran, for example, shared, “I go to my mom’s or my friend’s houses, you know, like when you really need to make something, pack some lunches or whatever.” But relying on friends for cooking facilities can sometimes be dangerous or create other problems. One woman, who was unhoused, said she had shared kitchen space with friends in the past, but it challenged her sobriety:

“I had friends that had houses where they’d let me cook.... I always took a backpack with me and so I had food, you know, to eat. But I would always end up drinking with my friends, and some of the other ones were kind of way worse than I was.”

In the focus group with people who are unhoused, several participants mentioned city parks as an alternative place to prepare food. One woman recalled, “Parks, when we were homeless, we’d cook at the parks. Now that they have outlets, you could get a skillet. Or put something in the crockpot, let it sit there and let the kids play all day.” However, participants felt they were being driven out of parks, and that these public spaces were no longer a place for them to prepare and share food. One man, who was unhoused, reported, “They throw your property away in the park. If you leave it there for a minute, they just throw it in the garbage.” Another participant in that focus group elaborated, “They’re cutting trees down, and they’re just like, they ain’t trying to help the homeless anymore don’t seem like. It seems like they’re trying to hurt us more, and all the places we kind of sleep and eat, that we used to be able to, they push us away. We’re running out of places to go, even the park, they kick us out.” The perception that the city has been cutting down trees in parks in order to drive people out was also shared among participants in the focus group of Indigenous relatives.

Food preparation and cooking skills

Aside from access to the tools needed to store and prepare food, lack of food preparation knowledge and cooking skills can also present a barrier. Some affordable, nutritious foods are left behind at food distributions and rarely eaten because people do not have the tools, knowledge, or time to prepare them. People with mobility or dexterity issues face additional hurdles to food preparation. Providers recognize that education is an important piece of making food preparation safer and more successful, including providing accessible, tasty recipes and teaching basic cooking skills.

People possess a range of cooking skills. Not everyone has had the opportunity or inclination to learn how to cook. Across focus groups, people shared stories of struggling in the kitchen or not enjoying cooking. An older adult laughed off an incident when, she said, “I had the fire department out about three times because I set off the smoke alarm. I was cooking hamburger and I had it too high. I didn’t realize that you can’t, so they’ve been out to my house like three times.” Even people who have some level of knowledge of food preparation and cooking may

not be familiar with how to prepare the specific foods they receive from food distributions, or how to prepare foods in ways the other members of their households will enjoy. For instance, parents and guardians struggle with preparing types of foods their kids will eat; several participants in this focus group said they have no problem getting kids to eat fast food but homecooked meals are a different story. One participant explained that she fixes different foods for her grandchildren than for herself in order to meet their preferences. She explained:

“I never learned how to cook, you know.... As I'm getting older and raising my grandson, he doesn't want to eat my food when I cook.... What I do now...for my grandson, for him to eat and not be hungry, I give him microwave stuff that are kind of healthy, even though they're not. There's too much salt, sugar, oil. And I try to give him seafood and things For myself, I cook like beans, because I grew up with beans, and I make soups out of meat and chicken and fish.”

Those who had taken it upon themselves to learn to cook typically reported learning from family or turning to social media, especially TikTok, for instructional videos and inspiration. For instance, in the youth focus group, when asked how they learned to cook, youth responded with a variety of answers. “Grandma,” replied one participant. Another volunteered, “On my own. I experimented. If I wanted food, I had to feed myself and my sisters.” Others chimed in with, “TikTok” and “Online.” Another participant elaborated, “I typically like to go online or go to YouTube.” Some participants said they learned to cook out of necessity in order to meet their dietary and health needs. Youth were not the only ones who relied on social media and video instruction. Parents and guardians, too, said they used TikTok for cooking inspiration. Among college and university students, one participant shared that she learned to cook out of necessity to address her health needs. “I learned that [cooking skills] really young,” she explained, “because I'm the only one in my family with celiac disease, so I was kind of forced into doing that.”

In addition to knowledge gaps, limited mobility or manual dexterity can also impede food preparation and cooking. One older adult shared her own struggles, noting that she sometimes elects to spend more in order to purchase pre-prepped ingredients. She also relies heavily on her air fryer and slow cooker for cooking because “getting stuff in and out of the stove in a wheelchair is very hard.” As she explained:

“I have a very difficult time cutting up things. In fact, I have a major cut on my finger right now that I did last week trying to cut up stuff. My dexterity in my hands is really poor. I have arthritis really bad, and so I have a very difficult time cutting up stuff. So, when I do go buy stuff, a lot of times I'll buy—it costs more to buy—already diced up stuff, like onions, you can buy already cut up.... And I'll buy that, because I just usually cut myself all the time.”

Providers recognized the importance of providing education and preparation tips, which help ensure people can use the food they have. For instance, providers said that giving away fresh produce can be difficult if people do not have the skills and equipment to prepare it at home.

One provider described challenges around giving away produce from a garden at a clinic: “I do think that it's a challenge sometimes for people to take [the produce], because they might not have the understanding of what to do with it or how to cook it or prepare it, so I think there's also the education that has to go along with, so, that we lack sometimes.” Similarly, community members had observed that even if people can cook or follow a recipe, sometimes the mix of ingredients received from distributions does not lend itself to meal making; having ingredient-specific recommendations can help make use of puzzling food items or combinations.

Several food resource programs have already begun providing some educational materials or recipes along with the food they distribute. One provider said, for instance, “I've been throwing recipes into the bags...with the rice and certain things they'll bring it back, saying ‘I don't know what to do with this.’” Other providers shared that their programs send out a recipe of the month featuring a seasonal ingredient, or cited examples of past programs that demonstrated recipes. They saw a need for expanded programs like these to show people ways to prepare foods they receive. One provider recalled a program facilitated by South Dakota State University Extension where staff would prepare and demonstrate a recipe, give samples, and hand out the recipe with a food box. Another provider shared that the WIC office has continued to offer cooking demonstrations like this.

Recognizing that many people learn cooking from family members, some programs in Rapid City have explicitly tried to create space for passing on cooking knowledge. For example, a provider from Cornerstone described their efforts:

“One exciting thing that we do at our women's and children's home is, the women are in charge of the kitchen. We have a kitchen staff to prepare meals with the women, and they keep it—it's amazing. It's impeccable. They keep it stocked and clean, and they make their meal. So, the children that are staying there are also seeing mom learning new skills. And then the new women coming in are being mentored by the women that have been there for a couple weeks.”

Other youth-serving programs, including the Club for Boys and The Circle, have teaching kitchens and cooking instruction for young people.

Coping, adapting, and making do

Facing food insecurity and limited resources, Rapid City community members find various ways to cope, adapt, or make do. Participants pointed out that whatever barriers they face, survival has motivated them to find a way to get what they need. As a veteran put it, “Survival is a pretty good motivator.” The survival strategies they shared in focus groups clustered in four themes: balancing resources to make ends meet, going hungry to stretch resources or ensure others in the household have enough to eat, turning to mutual aid groups or tapping social networks for support, or availing themselves of alternative food sources such as gardens, hunting, dumpster diving, or theft.

Making ends meet

To make ends meet, households facing food insecurity employ strategies and make hard decisions in order to make ends meet. They strategize about how to balance their limited financial resources between groceries and other essential needs like housing, utilities, transportation, and healthcare. Common strategies to cope with food insecurity include buying cheap or generic items, using coupons, and looking for sales and discounts. Households also use food they have on hand to avoid waste, though spoilage can still occur due to lack of proper storage. Often, households must choose between food and other necessities, such as medication or transportation. Food insecurity is often intertwined with other challenges, including poverty, unemployment, lack of affordable housing, and limited access to healthcare.

Cobbling together resources and stretching a dollar

One commonly employed strategy to help households make ends meet is balancing resources, thinking carefully about how to combine SNAP, food distributions, and other available resources to maximize support for the household. Across groups, most people said they get the majority of their food from grocery stores (usually Walmart, which is considered most affordable), whether with or without SNAP assistance. (The exception to this pattern was among the group of people who are unhoused; they relied more heavily on community feeds since they did not have access to kitchen facilities and the means to prepare food from grocery stores.) Purchasing food allows households to choose the foods they want. As one participant in the parents and guardians group put it when asked where he gets most of his food, “Always, always grocery store because you're gonna get food that you're gonna use, instead of food that's come to you that you're not gonna use.”

Households fill in the gaps and supplement with food from other sources (e.g., family support, Meals on Wheels, Feeding South Dakota mobile distributions, and other distributions or community feeds). Often, they use SNAP or cash to purchase those food items they are less likely to receive from a distribution. A participant in the youth focus group explained, for instance, that he gets “canned things” from distributions while “at the grocery store you get, like frozen things.” Another youth participant added, “because a lot of like meat aren't usually in the box [from distributions], that would be one of the main things I would get [from the store], and probably fresh fruits and vegetables, along with that.” Many people use a patchwork of resources to get sufficient food. One veteran, for instance, said he budgets his money in order to “take advantage of buffest,” as well as enjoying free meals for adults over 60 at the YMCA and through meals on Wheels. Another veteran described how he pieces together multiple types of support in order to meet his food needs:

“You know, I stay with my aunt so I eat over there a lot. She's 92. I use Feeding South Dakota, I use Salvation Army. I go to things like this, but I found out lately, I went to Cornerstone, and they said, you're over 50. They let me come in there and eat. I don't go there all the time. And I got SNAP.”

To stretch their resources further, households actively seek out cost-saving measures when purchasing food, opting for generic brands, taking advantage of discounts and sales, and using coupons to reduce grocery expenses. Many people reported, like this participant in the parents and guardians focus group, “I try to get whatever’s on sale, Safeway, Sam’s Club, or Walmart.” Others try to time their purchases to align with sales, or they look for discounted items, like an older adult who recommended, “Go over at the meat department [at Safeway] and all the way to the right they have expired meat that’s gonna, like the next day where they have to throw it away.” A university student reported she “signed up for a Family Fare membership because it was free, and then you can get discounts.” Others found signing up for store apps helped them find deals or manage overall costs by ordering online. One college student, for instance, said, “I also found that I save money if, like, I have a lot of grocery store apps like Target and Safeway, and if I add all the deals and just buy what’s on sale, I end up saving a lot more money than going into the store.” Youth, like participants in other focus groups, recommended savvy shopping strategies to maximize value. One youth participant explained her grocery store strategy: “I look at the cheaper options, see how much there is in comparison, think about the actual quality and how long it’s actually gonna last me.”

Make do and minimize waste

Households make do with the foods they have available, using whatever food is on hand, regardless of personal preferences or ideal meal plans. For instance, one participant in the Indigenous relatives focus group said that when she is unable to get the foods she needs for her gluten-free diet, she will make do with what she has, often making meals of potatoes. Across groups, participants described their efforts to use up foods on hand and stretch food supplies as far as possible, often by bulking meals with inexpensive carbohydrates. The following comments are representative of the ways in which participants described making do with the foods available to them and stretching their meals:

- “Some people are in positions where they really can’t be picky about where they go [to eat] It’s kind of got to take it as is.” (Unhoused)
- “Just what they give us we just make do with it.” (Unhoused)
- “I know sometimes you think you’re just going to make it stretch. You’re just going to do whatever you can do to make that until [you get your check].” (Older adults)
- “We’re a big pasta family. It’s the cheapest option.” (Parents and guardians)
- “If I can’t find something like that she’ll eat, then that’s when I find myself turning to these dollar raviolis or ramen noodles or something like that, which are not healthy at all, but you do what you gotta do.” (Parents and guardians)
- “The Rice-A-Roni brand is like one dollar a box, and then mix that with—like, onions are stupid cheap, black beans, stupid cheap.... But mix all that stuff together with dirt cheap mac and cheese, it’s filling, and I wouldn’t quite put it as healthy, but it’s better than just pure carbs.” (Postsecondary)
- “[Boxes from food distributions] were mostly trying to cover the basics, you know, like rice, cereal.... But within the basics, you can make meals from them. You got to start thinking out of that little box. You know, when you get cheese it ain’t just cut the cheese up and eat it. You can use it for make your own mac and cheese, or you can use it in different areas.” (Unhoused)

- “I stretch it, I stretch it. I didn't used to like eat vegetables, but I find myself eating—I had a creamed corn sandwich!” (Veterans)
- “In that last bag that I received from the VOA, it was a protein powder drink in there that all you do is add cold water. I found that it'll hold me—like I do a shake for breakfast, slam me a peanut butter and jelly sandwich. Come lunch, I'll slam you another shake, and that'll hold me till dinner time, though.” (Veterans)
- “I got the hands of my mother. I can make something out of nothing.” (Youth)

Many focus group participants also raised the issue of food waste: while counterintuitive, food waste can sometimes occur due to spoilage or lack of proper storage, especially in households experiencing food insecurity and lacking resources to preserve food effectively. Across groups, participants reported the fresh fruits and vegetables are most prone to waste. Some participants simply stopped buying fresh fruits and vegetables because they found they could not use them before they spoiled. As one older adult shared, “I don't eat it fast enough, because it's just me, before it goes bad. And I'm really bad about that. I buy sometimes too much, and I end up throwing it away, and I'm trying to trying to not do that. But it's really hard not to do that.”

Food distributions can also result in food waste when people receive foods they cannot eat or will not use. Many community members expressed internal conflict over what to do with foods they received from distributions that they knew they would not use: it pained them to think of the food going to waste, but they worried it would be unethical to give the food to someone else. For example, one older adult said he only rarely goes to Feeding South Dakota mobile distributions, because as a single adult living alone, he receives more food than he can use; additionally, he receives food he cannot use: “Being lactose intolerant, I'm always getting yogurt and stuff like that, [which] I can't eat, and I don't want to throw it away, but I don't feel right about giving it away either.” Other participants, like this older adult woman, recalled before distributions were mobile, “when you were able to pick it out, you could pick the things that you could eat and would eat! And see some of that stuff that's in there that they put in the boxes I just won't eat. And that way it's not wasteful.”

Providers confirmed they see food waste in their programs from people who cannot or will not eat certain foods they receive and leave those foods behind. They also reported sometimes receiving donated perishable food but not having a system or network in place to distribute it. As one provider shared, “if we get excess amount of fruits and vegetables that we cannot keep, we do our best to try and get it to women's and children's, to the apartments and things like that, but there have been times where we just didn't have anywhere for it to go.” Providers also worried about the liability involved with distributing donated food, especially perishable items.

With an eye toward making the most of limited resources and reducing food waste, several participants shared their food preservation strategies. Recommendations included buying in bulk and freezing portions (one woman found a seal-a-meal tool at a rummage sale that she found highly worthwhile); buying at the farmers market because the fresher produce available there seemed to stay good longer; or making multiple meals from items such as Sam's Clubs rotisserie chickens (as a college student explained, “it's cheaper to just buy and use all the

rotisserie chicken, because you can make, like, broth and do a bunch of different stuff like that.”).

Sacrifices and tradeoffs

Often, households have to make difficult choices between food and other necessities. For example, a household might have to choose between paying for groceries and paying for medication or transportation. The primary trade-off participants described regarding food security was between housing and food; most people will prioritize having a roof over their heads, even if that means going without food. Participants also described trade-offs between transportation and food, as some people have to choose between paying for gas and buying food, as well as between food and utility or medical bills. These trade-offs can be overwhelming and take a toll on people's mental health, especially for those living paycheck to paycheck.

Housing is a higher priority than food for most households. Across groups, participants agreed shelter is their top priority. As an older adult put it, “You just have to make sure that you have a roof over your head and utilities and gas in the car.” Participants in the group of people who are unhoused agreed they would rather have a place to stay than food to eat. One woman who was unhoused shared, “I lost a job a few months ago, and so we were pretty much on the edge of being homeless and had to choose between rent and food. So, we chose rent because it's hard to get into a place, but because we chose rent, we didn't have any food.” Another woman in the group concurred, adding, “If I'm behind on rent or something, I'm struggling that bad, like I'm giving up. You know, I would rather have a roof over my head and then be hungry, because then I can just figure it out as I go, [rather] than be outside, cold and hungry.” A mother in the same focus group said caring for her children put a premium on shelter. She explained, “When it literally came down to like just having that apartment but no food...I felt really bad about putting my kids in that. So, I mean, it came down to them being provided for and them being safe.” A university student, asked what he would prioritize, answered, “Rent, because I kind of need a place to live.” Youth agreed; as one participant said, “I would rather starve in my house than, like, not have a house.”

Many of the postsecondary students had moved in with family to reduce housing and food costs while they finished school. For them, the tradeoff was not food versus shelter, but food versus the freedom that came with moving out of their family home. They recognized the privilege of this choice. As one student shared, “I'm very grateful that my parents let me live back home so I can help with food costs and rent costs, so I don't blow it all before I start actually making money. That's helpful.” But the choice still came with sacrifices. Another student explained, “I made the choice to stay home, so I kind of sacrificed, like, the college experience and moving out and all that stuff. And it's not something I regret, but definitely something that I chose.” Other students felt similarly; one shared, “From living on my own for a while, then moving back [in with family], you do kind of lose a little bit of autonomy and your own space.... There's just kind of like a little bit of a sense of freedom that you lose when I'm just moving back home.” Students who did not have the option of moving in with family were struggling with how to balance rent and food costs. One student, thinking about the upcoming year, exclaimed, “I'm totally screwed. I'm not hardly gonna be able to work at all. So, less money and way less time.” Asked how he

would get by, he expressed uncertainty: “Get some roommates to pay bills and blow through savings, I guess. Yeah, I don’t know. Maybe try to do a Monument scholarship for it, and then also try to take a loan out for living expenses. Maybe. I don’t know.”

Next to housing, bills (especially utility bills and debt) were the next area where people felt squeezed between the expense of food and the cost of covering these expenses. Most described a juggling act to keep lights on, creditors off their back, and food on the table. An older adult described how she balances her bills while feeding herself. She said her rent is going up, and she relies on Social Security for income. She keeps careful track of her income and expenses and performs a complex balancing act to get by. “I buy food first,” she explained, “that first week, I buy the stable stuff, and then, I try and save enough towards the end that I can still get the fruits and vegetables I need.... I just go from there and pay bills. Sometimes they get ten bucks, you know, and if they start hollering, well, you can’t squeeze anything out of a turnip.”

People find creative ways to reduce other bills, prioritizing rent and food. For many, cell phones were the first expense to cut. A veteran, for instance, said that in order to cover his bills and buy food, “It’s insane. My mother used to say, I find myself doing it today, I robbed Peter to pay Paul,” and the first thing he sacrifices when he needs food is his cell phone. Some participants described strategies such as using Wi-Fi for phones so they do not need to pay for data, or even download a texting app that they can use over Wi-Fi without a cell plan. Participants in the parents and guardians group talked about their strategies for prioritizing bills. “It depends on if you want a place to sleep, if you wanna have lights, you have to almost fluctuate those things,” one woman explained. She added, “I know we pushed those off until we were like, we *have* to pay these” when shutoff notices came.

College students and youth talked about ways they have tried to pare down their expenses as much as possible in order to afford food and rent. By foregoing things he would like to buy, one university student found he could “manage balancing everything, it’s just that the margins are razor thin.” Another college student said she wears clothes until they are worn out, then mends or patches them so she can keep wearing them. “I have shoes that are, like, five or six years old,” she said. Other students did the same: “I’ve glued my shoes,” said one. They said they also shop at thrift stores, liquidation stores, or other discount stores where they can find “shirts and jeans for dirt cheap.” Students also said they kept their cell phones as long as they worked (“I have the same phone that I bought six years ago!”), ate “the last bit of my leftovers that I possibly can,” and generally adopted a posture of “being mindful and having a long-term outlook on it, instead of just doing what I’d want to do right now because it’s fun, because all the fun things are expensive.” Youth, too, described the sacrifices they made: “My debt already comes out of my bank account every paycheck,” explained one participant, “but I have to jumble between feeding myself or feeding my cat. If I have a big bag of food, my cat can wait at least another week.” Another participant added, “You definitely have to give up a lot of your bad habits, like going out, drinking, nicotine.”

All of these tradeoffs and sacrifices take a mental toll—the grind of constantly asking, as one older adult put it, “well gee, should I get this and pay this much and then maybe not get this.” A

participant in the focus group of Indigenous relatives articulated the overwhelming stress of persistent worry about balancing needs with limited resources:

“There's some times where I'm like, shoot, I don't even know how it's going to go. You know what I mean? Because I live paycheck to paycheck. I get no type of, even, housing assistance. To balance it all out but not even lose your mind, because you're so overwhelmed, like how is this going to get paid? How is this going to get paid? Just keep working.”

Struggles other than food

Finally, while focus group discussion centered around food, participants brought up struggles other than food, highlighting how food insecurity is often intertwined with other challenges, such as unemployment, lack of affordable housing, and limited access to healthcare. These struggles can exacerbate food insecurity and create a cycle of hardship. Parents and guardians raised the issue of childcare. Childcare, one father shared, “is actually one of the biggest things I've come across. Some of the cheapest childcare I've been able to find out here in general is about \$400 a week!” A mother said she worked during the day while her husband worked at night so they could avoid childcare costs. A participant in the youth focus group described his challenges trying to pay down medical debt while meeting daily food expenses and struggling with his mental health and unemployment: “The main bill I'm currently worrying about is my medical bill which is currently over \$4,000,” he said. “So, trying to deal with that, plus with food, like I haven't been able to pay it because, like, I can't with me and my mental health. I haven't been able to keep a stable job.” An older adult described her housing situation: though she had a roof over her head, the housing she could afford was not the quality she wished for. Her basement apartment needed repairs and locks replaced, and she could not run her air conditioner and air fryer at the same time without tripping a breaker.

Going hungry

Ultimately, when households have pared down expenses to the bone, the only sacrifice left is to go hungry. Across groups, participants described times they had cut meals or fasted—often, to ensure those they cared for could still eat. College students and youth reported eating, typically, one or two meals per day—sometimes because they were short on time, but other times because they were short on cash. A university student reflected, “There are days where I'll eat one meal a day, because my payment for school is coming up, so it's like, I gotta stretch my money.” A participant in the youth focus group shared, “For me it's mainly either no breakfast at all throughout the week, because, like, I don't have much to eat anyway, unless I'm eating pure straight up ramen.” A veteran said he was “perfectly find with having one good meal a day,” but others in the group cautioned that for those who are diabetic, this strategy can be very dangerous. In the focus group of people who are unhoused, two participants, both Indigenous, framed cut meals in terms of a spiritual fast: There's times where I don't even eat,” one woman explained, “Or like when I pray, I burn stage and I fast... I do that all the time.” A second woman added, “In our culture, fasting, yeah, it gives us clarity. It kind of teaches us to be grateful when we do get food.”

Food security struggles are compounded for people who are caring for family: across groups, caregivers—whether caring for children, aging adults, or other friends or relatives—prioritized the dietary needs of those in their care. As one woman in the group of people who are unhoused put it, “When you’re alone you can eat whatever you can eat, but when you have a grandma or grandpa or children, you know, or somebody that’s disabled and sick or whatever, that’s kind of hard to adjust. But when you’re alone, it’s not a really deep struggle.”

When facing food shortages, caregivers for children prioritize children’s needs. As an Indigenous relative put it, “My kids will eat sometimes, I won’t. My kids will always eat.” Participants in the parents and guardians group echoed this stance. One participant said, “I don’t care if I eat or not, I just make sure they do.” Another parent described the struggle during the school year as compared to the summer, when there were free meals available for both children and adults. Without those meals, he said, “Parents gotta go without. Guardians, caretakers, whoever’s watching the kids has basically got to sacrifice their own meals.” A woman who was unhoused likewise noted, “The way we were brought up, you always looked out for one another, and make sure, you know, that they [the kids] had food, they’re clothed, you know, jackets and shoes and things like that. They’re a priority. And food was one of them.” This obligation may extend to older siblings, too. A woman in the focus group of people who are unhoused reflected on her childhood:

“Growing up having a bunch of baby siblings, it was like they ate first before me. I’d go nights back-to-back where I wasn’t eating but I made sure that they ate. It was kind of blissful for me, because I knew that they were eating, they were nourished, and they gave me time to reflect. And it gave my body strength, in a sense, even though I wasn’t eating.”

Caregivers also prioritize their children’s dietary preferences over their own dietary needs. An older adult talked about trying to attend to her own health needs while meeting her children’s preferences: “Well, I think if you have grandkids, you kind of think...I could eat that, because I had diverticulitis too, and then I think, oh god, will the kids eat this? You just do what you gotta do.”

Mutual aid and self-reliance

One way in which community members in Rapid City cope with barriers and gaps around food access is to build networks for mutual aid and self-reliance. Despite their concerns about the ethics of passing on food received from charitable or public sources, people would rather see food eaten than gone to waste. They share food with friends, family, and neighbors, both through in-person networks and online groups. Some people also look for opportunities to barter or exchange labor for food.

In response to concerns about wasting food, mismatches between what is received from distributions and what people can or will eat, and in community spirit, people share food. The

following comments are representative of the multitude of ways in which people reported sharing food:

- “What I can’t use I give her [my friend who gives me a ride to food distributions]. You know, she doesn’t usually take it without asking me. She says, ‘What do you want here?’ And then she takes the rest. And I’ve got a neighbor next to me and he gets what she doesn’t want. And then I’ve got a friend and his wife...and I give the rest of them what no one else wants.... I never keep anything I can’t use.” (Older adults)
- “There’s personal pantries that people set up, I go just drop it in there.” (Indigenous relatives)
- “Most of the time, I end up putting probably half of it out on out on our community table out here in the building.... We have kind of a community table that if you don’t want something, you put it on that table.... Some of that stuff that’s in there that they put in the boxes I just won’t eat. And that way it’s not wasteful.... And it’s usually gone within an hour. I feel that there’s a lot of food insecurity in my building, with how fast it goes off those tables.” (Older adults)
- “I know General Beadle has a share table, and if your kids don’t eat something, or they don’t drink something, they put it on the table. And then another kid can come get whatever.” (Parents and guardians)
- “We’ll see, when the kids get their backpacks, what foods they’ll eat and what they won’t. A lot of times the kids will eat the good stuff in daylight, and then everything that’s good for them is just slack. And normally we put that out for other families to pick up and that’s been very successful.” (Providers)
- “At the high-rise next door, my father-in-law is there, and they have kind of the same thing there. They have a share table after the senior box has come, and anything that they don’t want is out there.” (Providers)
- “People from the rez come up too, bring commodities too.” (Unhoused)

Though several community members were worried that sharing food was a violation of program rules, providers in focus groups said they encourage people to share food that they would not use. For instance, one provider affirmed, “We encourage people to share with their friends, family, neighbors, if there’s things in there that they can’t use, or too much of something that they wouldn’t be able to use it all before it would not be good.” Another provider shared an example of other meal sites in south central South Dakota “that will take the leftover Feeding South Dakota boxes, and they each contribute something, and they will make a big pot of chili or big pot of soup or whatever. And then they will have a community day where they eat and take leftovers home.”

Online groups such as Facebook facilitate the redistribution of food. The Facebook groups Black Hills Cup of Sugar and Rapid City Helping Hands were mentioned in particular as online nodes for getting food to people who will use it. For instance, in the Indigenous relatives focus group, participants reported that they often trade food with others, and one participant shared that she had started a Facebook group to help connect people who have food they want to give away or food they are looking for (facilitating, e.g., a trade of a couple bags of flour or sugar for meat and potatoes). Parents and guardians mentioned the Black Hills Cup of Sugar and Rapid

City Helping Hands Facebook groups as useful networking spots. One couple in this focus group shared their experience: “I know with the Black Hills Cup of Sugar, when we first moved up here, just a little bit over a year ago, I had a military dude who got us a brand-new washer and dryer, new pot sets, and everything else when we just moved into a new home with nothing,” said the man. The woman added, “They helped us get diapers, wipes, clothing, food, everything.” Her partner continued, “And we've given our fair share back into that page from, you know that family in general, helping us.”

Several people said they engage in barter or exchange labor for food. A small handful of people across groups mentioned Fork Real as a place where they could put in a few hours of work and receive a meal in return. In other cases, the exchange is less formal. A woman in the focus group of people who are unhoused reported, “In the past I used to steal food, but now I work for it. Usually I'll go to the pantries, if not, if people like the church here, you know, work or sometimes just do labor around the neighborhood and someone makes a meal.” Some said they would like to see more of this model. A woman who was unhoused explained that there is dignity in doing work in exchange for a meal and she would appreciate more opportunities for this:

“I think more programs should get on board. I know there's places where you can do volunteer work, but I feel like volunteering should be rewarded. Like I know some places will give you a meal. I think more places need to do that, like a chain system of organizations—like work at Salvation Army, even if you're just starting out or volunteering, you're helping with something, at least give them a voucher to use at farmers market, or a food voucher or something. Because when you're struggling, when you're trying to survive, your time is precious and your time is not guaranteed. So, it would be nice to be rewarded for that...that whole trade thing.”

A handful of other participants described bartering food—either making food to trade for other things, trading food items, or exchanging things like gas or rides for food. In the Indigenous relatives focus group, one participant said, “I make bread, so people ask me a lot for bread or frybread. That's how I make rent or gas money.” In the focus group of people who are unhoused, one woman said that in her life, “trading is a big one.” She elaborated:

“Luckily, we had friends who were, like, if you have this and we can give this. We did beekeeping down on the reservation. So, beekeeping right now doesn't make any money, but it preserves all the trees and plants and all that. So, we got a jar of honey, and my partner's family had just killed a buffalo and had it frozen and some guys sat and talked with us, [and said] give us some honey, we're gonna give you some meat. So that meat lasted us for about two weeks. Things like that, trading goes a long way. Like what can you give so that you can survive? You have to give something of yours, but you do get something on your terms. I think trading is a good one because it helps the other person too.”

Alternative food sources

Community members also obtain food from alternative food sources, places other than grocery stores or food providers. Alternative food sources identified during focus groups include food from family or from work, gardening and hunting, dumpster diving, and sometimes, out of desperation, selling SNAP benefits or stealing food.

Family support

The most frequently mentioned alternative source of food was from family: that is, occasional meals shared with extended family members or foods shared from their pantries. Many participants noted that they visit their family's and friends' homes for meals or that their family and friends bring food to them. As a veteran put it, "I'm lucky, because this is my hometown. I got brothers and sisters I can bum a meal off of."

Postsecondary students in particular rely heavily on family for food, whether or not they live with them. For example, one student explained, "I would say [my family supports me] not like financially, just if they have a meal that was big enough to send me leftovers, like they'll bring it over if they're in town, or something like that. So, I really have been very blessed with a group, a community, of people who will, like, give me a serving of soup if I really needed it."

Indigenous relatives mentioned that family and friends sometimes bring food back from the reservation. One participant shared, "We don't live on the reservation, but all our family does. So, when they come up, they bring us [things like] ... eggs from chickens." Another exchange from this group captured the spirit of sharing among friends and family. One participant offered, "A way to survive is hoping that your families have a bunch of birthday parties or a feast!" to which another replied, "Hit all of them! And take your ice cream bucket! People make comments, they're like, 'That much?', and you're like, 'I'm starving.'"

However, not everyone enjoys the same level of social support from family and friends. A participant in the youth focus group, for instance, who was estranged from her family, noted, "If I was more connected to them, I would be more likely to go with family." Those without positive local social ties do not benefit from this food source.

Gardening and hunting

Participants in every group expressed an interest in gardening and a desire to be able to grow their own fresh fruits and vegetables. However, the range of experience with gardening—and current ability to garden—varied. The primary limiting factor was access to land. While only a handful of respondents said they (or their family members) regularly bring in food by hunting or gardening, quite a few respondents said they would like to garden if they had access to land. For instance, one participant in the focus group of people who are unhoused recalled, "When I had a place, I used to garden. But now I go to the feeds."

Similarly, several older adults said they garden now, while those who live in apartments said they wished they could but cannot because they do not have land. Asked what was preventing

them from gardening, one older adult explained he would need to “have my own home. I can’t do it in my apartment.” Youth as well said they liked the idea of gardening but did not have the time, money to invest in supplies and seeds, or space to plant. However, a few youth participants mentioned that they regrow food at home to try to care for themselves and siblings. One participant, for instance, said she used to regrow “peppers, lettuce heads, potatoes, and I would regrow tomatoes and strawberries.”

Providers—many of whom maintain small garden plots on site—observed that gardening enhances recipients’ appreciation for the food they receive because they were able to be a part of the process of growing it. “Being a part of growing their own food,” one provider said, “it’s just that there’s something about getting your hands in the dirt and then knowing that you’re eating the food that you grew.” Several providers (e.g., clinics, the Club for Boys) described their experiments with hosting garden plots and distributing fresh produce. Though these tend to be small scale efforts, providers still saw benefit in getting more fresh produce to people as well as the pride that comes from being involved with growing one’s own food. For youth-serving organizations, one provider explained, “having kids more involved in gardening is just encouraging them to try things, and “people love doing that.” Another provider noted that the CAP office has a garden and is developing garden kits to hand out, while someone else suggested Western Dakota Tech has been experimenting with hydroponics. The problem for providers, however, is that “we don’t have the staff that can grow it.” Gardening takes time and effort that organizations simply cannot spare.

Compared to gardening, hunting was a less prevalent source of food among focus group participants. However, a few mentioned bringing in some food by hunting. Among college and university students, one student noted, “my fiancé hunts so I’ve gotten good at cooking deer because I don’t want to buy meat now.” Another acknowledged, “We are a hunting family, so we have all of that meat.” Some older adults shared that, in their childhood, their families relied heavily on hunting and gardening, but now living in the city, they do not.

Desperate strategies

Those who cannot secure sufficient food through other means may fall back on desperate measures, including dumpster diving, eating discarded or expired food, or theft. For instance, one woman who was unhoused recalled, “I used to dumpster dive all the time, and I would find stuff, and then both I’ll pawn it or sell it, and that’s how I bought food.” A veteran, asked what type of intervention could help improve his food access, said it was hard to think of alternatives when he was used to the ways he had found to survive. “I’m not sure,” he answered, “I’m so used to dumpster diving I just don’t know. Been doing it for so long.”

Several respondents said they receive a discount on food through their place of work (e.g., discounted meals at a restaurant where they work), while a handful acknowledged they sometimes carry off extra food from work, dining halls, or other places in order to have meals or snacks for later. A participant in the Indigenous relatives focus group shared, “Thankfully, I’m a manager of a store, and so nearly expired [food] I get to take home.” A college student shared a similar strategy, explaining, “I work in a restaurant, so I get food half off from the restaurant, so I

usually order and eat a lot there, like at the end of a shift. I end up eating very late, but it's a really good deal." Older adults likewise shared examples of eating meals at work to save money.

A handful of participants admitted that, out of desperation, they have stolen food or sold SNAP benefits to survive. In the focus group of people who are unhoused, for instance, one woman volunteered, "Selling your EBT, nobody would ever tell people that. But everybody sells [EBT] to get the toilet paper and toothpaste." Another woman in the group recalled how she "used to do this thing" with coworkers where she would "borrow their memberships and their EBTs and go to Costco and Sam's Club" because she "lived in a house full of a lot of kids." When another woman exclaimed, "That's illegal!" she responded, "You gotta do what you gotta do." In the focus group of Indigenous relatives, one participant observed that community members are begging for food: "One thing people are doing is going from business to business and they're asking for donations or food that expired. All that stuff." For postsecondary students, university dining halls are an important source of food, and several postsecondary students found creative ways to stretch their meal plans (or gifted dining credits); many admitted they bring food storage containers to the dining hall and take food home with them for later. One student shared, "I go to the dining hall and the beginning of the week and I lowkey bring my own like Tupperware and stuff, and like, stock up on food for the week." Another added, "When I'm at the dining hall, I usually try to balance it out with whatever the current option du jour is, and then usually take along like a big gallon zip lock bag and just, you know, take a bunch of food home for food the next day."

Participants' desired resources and recommendations

Focus group participants were asked to name and describe any resources they wished to see in Rapid City, which would help address barriers and gaps related to food security. Their desired resources clustered around three themes: developing additional food resources, improving navigation and access to existing resources, and making the most of available food by ensuring it can be prepared and reducing waste.

Additional food resources

Community members would like to see more access to food resources, both retail and charitable. Many believe Rapid City needs more grocery stores to bring groceries into more neighborhoods and to create competition and lower prices. There was also support for more community gardens, or enhanced awareness of and access to existing gardens. In terms of charitable food resources, community members would like to see an inclusive soup kitchen, similar to the Banquet in Sioux Falls, where anyone and everyone is welcome to enjoy a meal.

More grocery stores, more competition

Across groups, participants saw a need for more grocery stores across Rapid City. Long-time residents of Rapid City recalled grocery stores that have closed and lamented their loss. An older adult, for instance, said, "I'd like to see Save-A-Lot back in town [sounds of agreement]"

because I used to shop there years ago and they were pretty good.” People hoped any new grocery stores would open in underserved, low-access areas in order to improve food accessibility. Additionally, they hoped new grocery stores would have low prices and induce competition among existing stores. As one older adult put it, “We just need more competition but who wants to compete with Walmart? And that’s the problem.” Many participants dreamed of stores with more variety, particularly people with food allergies or special dietary needs. Postsecondary students who came from other states said they missed easier access to gluten-free ingredients and restaurants as well as better selection of healthy options from restaurants, specialty grocery stores, and the like.

Related to retail purchases of food, the food tax came up as an issue in just one focus group, with parents and guardians. One parent said he would prefer to pay a state income tax if it meant doing away with “all taxes that you have to pay on all food and restaurants, stuff like that.”

Community garden

Community members and providers alike believed community gardens would be beneficial. Many people in the Indigenous relatives group said they would be interested in gardening if they had access to land; they’d like to see a community garden with no or minimal cost. Several older adults shared similar comments about needing access to land to fulfill their desire to garden. Youth, too, were interested in gardening, provided they could find access to a community garden. As one youth put it, “If there were a community garden in more different places. I think people would probably enjoy because it’s so fresh.” Another added, “I would just want to get the food myself, so, like, work more directly for the payoff of getting food...like hunting, if I get meat or something, or if I get vegetables or fruit, I grow it.”

Some providers already have community gardens, or they were aware of community gardens in Rapid City that could be a source of food if gardeners shared their surplus. During the provider focus group, one participant, who herself has a community garden plot, saw an opportunity to invite her fellow gardeners to donate to the food pantry. In the group of people who are unhoused, participants brought up a similar idea, expanding the vision to include not only individual gardeners but a larger farmers market. As one woman said, “If I could change anything [about food access in Rapid City], I would get a better farmers market, and then have them work with the homeless, [have] people with their own personal gardens work with the homeless, and then being able to use SNAP there [at the farmers market].”

Inclusive soup kitchen

Across groups, many people voiced a desire for more opportunities to share a meal and enjoy the social connection that comes with shared meals; they also believe having a soup kitchen that is open to all would be beneficial. In the parents and guardians group, for instance, one participant said she would like to see a “soup kitchen so at least if we could eat in gatherings and stuff instead of, like, they feed the homeless and stuff but then the cops are there, you know.” Another concurred, drawing a connection to the Banquet in Sioux Falls: “Sioux Falls has one that feeds a lot,” she observed, “My dad was in the hospital there for two weeks before he

passed away. But they serve good meals too, because I went there, yeah, that's what we need here, a Banquet." People in the focus group of Indigenous relatives likewise said they would like to see something like the Banquet in Rapid City. In the group of people who are unhoused, a participant shared her frustration with existing meals in Rapid City, where families may be split apart because not everyone meets eligibility requirements for the meal. She, too, wished for something like the Banquet where they could enjoy a meal together:

"My dad and my siblings and stuff...because everybody wants to go into the Mission, and that's where they serve females, but since they're not a resident, [they] can't go there. I was a little bit like my dad, trying to keep everyone together and stuff. But [Rapid City needs] just something that's more [open to all] regardless...families come in, and that's that chance to interact with the adults, or have a conversation with them, and bring up all this stuff in our community that's happening all in one city. I guess I'm a bit more motivated to go there. And a lot of what we, I mean homeless, [want to see is] relatives and running into someone you haven't seen in a long time."

Providers, too, shared a vision for a community meal that would bring people together across the divide between haves and have-nots. As one provider observed, "there is a huge mindset between haves and have-nots, and so bringing people together" to learn from one another would be beneficial—whether informally over a meal or more formally through a mentorship relationship where, for instance, people might share, "maybe you have a skill, this is why I have a house, this is why I have a car, this is what you're doing differently, this is why you don't have those things. So maybe, learn how to balance a budget, learn how to... sit down and get people together, and, this is, we're gonna write a grocery list and we're gonna, whatever."

Food types and choice

Participants also shared the types of food they would like to see more accessible in Rapid City, regardless of the specific type of program or mechanism of making them available. Among Indigenous relatives, there was demand for "flour, sugar, milk, dry milk, baking powder, stuff like that" as well as more fresh meat and produce. "Fresh, everything fresh," urged one participant. Better access to fresh produce was mentioned across groups, with some participants specifically saying they would enjoy a larger, more convenient, or more frequent farmers market. Another suggestion offered in the Indigenous relatives focus group was to model the Food as Medicine study run by Avera, which, as this participant explained, is "a voucher program, so families...would get a food voucher for fresh produce, things at the grocery store that they needed, I believe \$50 a week. And we could really benefit from something like that."

Among those with special dietary needs, there was desire for better access to *affordable* specialty food items: lactose-free or plant milks, gluten-free foods, and foods tailored for the needs of individuals with kidney disease, heart disease, diabetes, or other health concerns. Beyond access to specific food items, participants also wished for better access to nutrition advice, dietitians, and quality educational materials about diets for specific health conditions. One older adult suggested it would be helpful to have labels or signage in grocery stores and pantries that made it easier to identify foods that meet specific health criteria:

“I wish grocery stores would have sections for, like, just diabetic food. Or be more alert to medical problems. To maybe, I don't know how [not] to be so cumbersome, but labels on the shelf better. I know that would be a pain for them, but you know they wouldn't have to mark everything. But a lot of things, they could put diabetic friendly on, or kidney friendly, or liver disease friendly.”

Related to food types, participants across groups also said they would like to visit a pantry with the ability to select their own food items instead of a pre-packaged box like at the mobile distributions. They saw this pantry model as a way to ensure people get foods they are willing and able to eat, which could both improve food security and reduce food waste.

Improved navigation and access

Community members identified ways in which food resources could improve navigation and access—that is, making it easier for Rapid City residents to make use of resources that are already available. Recommendations included providing better information and enhanced awareness of existing resources, improving transportation or offering delivery or more convenient locations, making programs more welcoming, and facilitating easier eligibility tests and application processes.

Better information and awareness

At the present time, most community members learn about food resources through word of mouth. However, this is not always a reliable way to find resources, especially for people who are new to town or who have limited social networks. Across groups, participants identified a need for better information and awareness of existing resources. An older adult, for example, said she sees a need among her peers for “more information, like shared information about places to go get that food they need.” She believed—and participants in other groups agreed—that beyond the internet and social media, traditional paper flyers posted in public spaces would be the best way to get the word out. Youth agreed, like this participant who thought out loud through the best ways to spread information about food resources:

“There's more often times than not, when a lot of people don't have a device, or they do have a device, but it's only as Wi-Fi, like you're not, like, paying for it, and if you are struggling, you have no way to ever get to information like that. And you don't have connections between the case manager or the person that is looking out for you. Like, how else are you ever supposed to find that stuff out if you don't have more actual accessible flyers and just things hanging up around town in popular spots where people stay?”

Transportation or delivery

Transportation emerged as one of the greatest barriers to accessing existing food resources. Accordingly, community members' recommendations for improving food access also hit on ways to improve transportation options, add more convenient locations, or implement delivery.

One way to address transportation barriers would be to expand public transportation options. In the veterans focus group, for instance, one participant said he would like to “get that bus to stop at the south side Walmart again like they used to” because he finds it is “not easy calling that dispatcher to line up a ride back.” However, even adding bus stops or extending bus routes leaves a gap for people who struggle to carry large boxes of food or multiple bags of groceries back on the bus, then from the bus stop to their front doors.

An alternative to expanding transportation networks would be to add more locations for food distributions, locations that are accessible to people both with and without cars. A youth participant, for instance, said if he had a magic wand, he would add “more locations for food boxes.” Providers framed this option in terms of bringing resources to where people are. One provider suggested the need for “a pantry that was a choice and open completely to the public with a wide variety of options in a centrally located area that could serve anyone who came” as her first choice for improving food access, followed by a wish “to have the trailer back and go into communities” to bring food distributions closer to people. Other providers noted examples where WIC, SNAP, or Bright Futures staff come to housing facilities or to organizations such as Youth and Family Services where clients are already located in order to provide information and application support.

The issues of location and open hours are connected: as described in the barriers section of this report, in order to be accessible, a food resource must be in a location that is convenient at the time when it is open. For people who work or rely on rides from people with busy schedules, it can be challenging to find a location that provides food during hours when they have transportation available. As a youth participant put it, “What we need to work on the most is more locations and more timing correctly because sometimes we all don't work on the same work schedule. Some people can't get to the same area before the time is out.” A woman who was unhoused shared a similar sentiment, suggesting a need for hot meals served during the evenings and on weekends.

Asked what would make it easier to access food resources, plenty of people said delivery, which could simultaneously help overcome transportation and timing issues. One veteran characterized this suggestion as “some kind of a delivery for people without transportation to deliver the food to that person's residence or their location.” Some participants raised concerns about the capacity of delivery programs to meet the extent of community needs (“maybe if they had a program that only took so many, like you have to sign up and take a few people,” suggested a woman who was unhoused). Older adults also said they had been disappointed by grocery delivery services because “they picked everything wrong for me, it's not exactly what I ordered, and I swore I'd never do that again.” With those caveats, participants across focus groups generally agreed delivery would be a good option for overcoming transportation barriers.

More welcoming services

Across groups, most people shared positive feedback about their experiences and interactions with various food resources. However, participants in the focus groups with Indigenous relatives

and people who are unhoused, along with some youth, believed programs could do more to be welcoming to all. Indigenous relatives suggested that programs and staff “be mindful” and “operate with some type of compassion.” Asked what this might look like, one participant offered, “Greet you and say, ‘how’s your day?’” Another suggested, “Put themselves in your shoes and instead of thinking of it as this is my job.” Another way to improve programs could be to ask for more input from the people the program serves. Participants said they would like to see more concerted efforts in this area. An Indigenous relative suggested, “Maybe they should like do a survey of some sort, or get people involved that actually are out there. You know what I mean? Because their voice will probably give you a little bit more of a direction than anything.” Some participants thought programs could become more approachable if they had more Native American people on staff. Asked how agencies could be more welcoming and make people more comfortable, a participant in the group of people who are unhoused replied, “Hiring more Natives.”

Easier eligibility tests and application processes

Finally, in the vein of improving navigation and access to existing resources, participants suggested programs implement easier eligibility tests and application processes. Some suggested, for instance, that programs allow people to visit and receive food more frequently (e.g., more than once per month). Others said they would like to see programs stop requiring identification documents, especially hard-to-get types of identification such as Social Security cards. For some participants, they simply wished for more time to complete paperwork. For instance, a woman who was unhoused wished she had “more time when we fill out an application for SNAP.... Because you have to get your income. You have to get all this stuff. And they gave me, like, 10 days or something like that. I had to apply for SNAP like three different times because I never got all the stuff they wanted in on time.”

Making the most of available food

Some of the food that is distributed through existing food resource programs is not used, particularly foods that people do not know how to prepare or do not have the facilities and utensils to prepare. One way to overcome this barrier to making the most of available food would be to provide community members access to a kitchen as well as education about cooking. Food rescue efforts could also reduce food waste and ensure as much food as possible makes it onto people’s plates rather than the trash.

Community kitchen

The idea of a community kitchen appealed to many participants. Among parents and guardians, for instance, a parent explained the problem: “For me, that’s about the only thing out here, is going to somebody else’s place to be able to prep your food. There’s no community places to be able to cook or anything like that.” Asked if he would make use of a shared community kitchen space if it were available, he immediately replied, “Absolutely. I would put guarantee on that, yes.” He was joined by a chorus of affirmation from other participants. A woman who was unhoused agreed having access to a community kitchen would be beneficial and something she would use. She reflected, “I love to cook. And I’m used to cooking for a large group of people. I

mean, I always cook for my family and I made enough so we'd have leftovers in case we'd get hungry later.”

Providers likewise lifted up the idea of a community kitchen. One said that if he “had a magic wand would have one where the excess food it could go there that the people who are feeding the houseless relatives have a resource to cook, where families that live in the hotels or motels could come and have resources to cook food.” Another provider shared the need she sees among the unhoused families she serves:

“It'd probably be better to have a public kitchen, because, like if you're at a food pantry, we get our food, sometimes we need to cook it, because we get, like, frozen meat and stuff like that.... [We ask families do] you guys have skillet or whatever to cook it in? But if they tell us no, we give stuff they can go to the gas station and heat up. But I would say a public kitchen would be nice.”

Other providers envisioned a community kitchen space with ample storage and the ability to preserve and package food for distribution. One provider imagined, “A community kitchen, I think would be getting tons of freezers right, because you can freeze milk, you can freeze meat, you can freeze bread.... It may change the way you use it, but you still can use those products in meals, if you're serving them to the community.” Another built on this idea, seeing an opportunity to rescue, preserve, and distribute food as prepackaged meals. She explained:

“We have the distribution and we have the cook and serve, but that middle ground, there's absolutely nothing, as far as like mass storage, where we can prep that type of thing so we can get more food. We turn a lot of food away because we just don't have a place to store it.... If we had a place [we could use an Oliver system like at Meals on Wheels to] turn all of our leftovers into TV dinners where they're frozen. And I think that would be something that would be amazing to provide an already cooked meal that they would just have to warm up.”

A woman who was unhoused also brought up the idea of prepackaged to-go meals. She suggested that, for people who cannot cook at home or are unhoused, having to-go meals would be beneficial. As she put it, “I think it would be cool if there was, like, a place that prepares meals and then you can take the food with you.”

However, some community members were uneasy with the idea of sharing space in a public kitchen. For instance, one participant in the Indigenous relatives focus group confessed, “I don't know, that's really personal. It's strange, but I don't know if I want to go cook my food at somebody else's house.”

Providers worried there would be some liability concerns with a community kitchen model. As one woman said, “I think that the insurance liability on that, I think it's just too expensive for most nonprofits.” Yet, as another provider pointed out, “Which is too bad, because you actually

have a place where you can take your car and work on it in a shop and it's true you can't do that with cooking in a kitchen.”

Leveling up cooking skills

Another way to encourage households to use more of the foods that are currently available would be to level up cooking skills. Youth believed they would learn best from watching instructional videos. Parents and guardians likewise said they turn to TikTok and YouTube for cooking inspiration. In addition, both community members and providers said it would be helpful if food boxes were composed of items that complemented one another for making meals, even including suggested recipes that use ingredients from the box.

Cooking education efforts could go hand in hand with a community kitchen. Some saw a community kitchen as a way to care for elders and also to have elders pass on their cooking knowledge and skills to younger generations. A participant in the focus group with people who are unhoused said she values the opportunity to spend time with elders, “like to go grocery shopping, help out, you know, the way older ones. And then when they have time, you learn from them, or you learn from, like, aunties and uncles. Just take them in the kitchen and just having to work with them, and then you watch.”

Providers likewise saw a community kitchen as a way to address the need for cooking education. As one provider put it, “I like the idea of a community kitchen.... I think having a place where we can teach people about nutrition, about cooking, help store things that can be used in community meals or at other service provider locations, would definitely kind of get at a number of things.” Another provider elaborated, “It is a community. And to open those doors and when we start cooking together...something happens right? You're learning and you're communicating and you're having fun, but it's also a skill. Then you take that back.”

Reduce food waste and promote food rescue

Community members and providers alike were incensed by food waste, both from retail food providers and charitable food resources. They saw an opportunity to rescue this food for consumption, enhancing food security while reducing food waste. A youth participant said she would like to see grocery stores discounting or giving away fresh produce with “one single thing wrong with it, but you're still willing to eat it...it's still nutritious food.” A provider wished there were a way to redistribute unwanted food items from pantries or other charitable food programs to community feeds. She suggested, for instance, “if there was a way to connect, like the dried beans, for example, to somebody who's serving meals on a Monday where they could soak the beans and put it in the chili, right? Like, I think it's just about being resourceful and making those connections.”

Participants saw laws and regulations—or perceptions of them—as the highest hurdle to food rescue. Indigenous relatives, for example, shared instances when they had asked about taking food that was being thrown but were told they could not due to regulations. “So how come there's something not implemented there,” one woman asked, “where, if there's food left over, it can go be distributed to the community that can utilize that? Otherwise, [we're] just throwing

tons and tons of food [away], and it's not helping anything. It's just wasteful." Another participant in the same group recounted how, at summer feeding sites, "I sit there and I almost cry because they're just throwing their food in the trash," including children who were told they had to take a milk but then did not drink it and threw it away. "There you go again, it's like what she said," she concluded, "rules and regulations."

Conclusions

In Rapid City, food security varies geographically and demographically. Food insecurity is unevenly distributed, with particularly high need concentrated in the northern part of the city. The area between North Street and I-90 (Census tracts 102.01, 103, and 114) stands out as areas of greatest concern, encompassing more than 14,000 residents and over 6,000 households. These neighborhoods face significantly higher poverty rates, averaging about 20% and ranging as high as 33.5%, compared to the citywide poverty rate of 13%. They also have a higher proportion of households relying on SNAP benefits and more limited access to charitable food resources. A critical service gap in these areas is the lack of food assistance options that are consistently open in the evenings or on weekends, accessible on a weekly basis, and available to all individuals in need. This gap is particularly evident in the area between North Street and Interstate 90, especially between North Street and Anamosa Street. These findings are reinforced by referral data from the Helpline Center, which show a concentration of referral requests from the ZIP codes that overlap these areas of concern. Exacerbating the high level of food insecurity, these areas widely lack charitable food resources that are available weekly or more frequently, available to anyone in need, and open in the evenings or weekends.

Demographically, food insecurity in Rapid City disproportionately affects certain populations, with Indigenous people and women facing particularly high levels of need. In 2023, American Indian and Alaska Native residents accounted for 38.8% of all food-related referrals made through the Helpline Center—despite representing only 8.1% of the city’s overall population. This stark disparity highlights the barriers to food access faced by Indigenous communities. Similarly, women made up 64.4% of individuals receiving food-related referrals, significantly higher than their 49.3% share of the general population.²⁹ These patterns underscore the importance of targeted interventions that address the specific challenges faced by these overrepresented groups in accessing consistent, nutritious food.

Affordability and transportation are the greatest barriers to food access. Rising food prices have placed increased strain on household budgets, particularly for those already facing financial insecurity. Many residents rely on Walmart for groceries because it is perceived as the most affordable option, and they are often willing to travel farther to save money. When retail groceries are financially out of reach, they turn to charitable food resources such as community feeds, food pantries, and mobile distributions. However, not everyone has consistent access to transportation, limiting their ability to reach lower-cost stores and charitable resources and further compounding barriers to food access. Sometimes, with no other recourse, people simply

²⁹ While the higher rate of referrals made to women may be due in part to a difference in willingness to request help, findings from Monument Health’s 2024 Community Health Needs Assessment corroborate the finding that women face higher levels of food insecurity. The report found that “difficulty affording produce is higher among women, adults age 40 to 64, and those with lower incomes.” Monument Health Service Area 2024 Community Health Needs Assessment. Available online at <https://monument.health/wp-content/uploads/2025/03/2024-PRC-CHNA-Report-Monument-Health.pdf>. Accessed April 30, 2025.

go without, compromise on food quality or nutritional needs, or sacrifice other areas of their budget to get the food they need.

Transportation is a critical and persistent barrier to food access in Rapid City, especially for residents in high-need areas. Many individuals face significant challenges reaching both grocery stores and charitable food providers due to limited public transit coverage, infrequent schedules, and the difficulty of carrying large quantities of food on buses. In the area between Anamosa Street and I-90 (Census tract 103)—one of the city's most food-insecure areas—approximately one in five households lack access to a vehicle. Citywide, 782 households with no vehicle in low vehicle access areas live at least a half mile from the nearest grocery store. For those without a car, the logistics of getting food can be overwhelming: trips often consume half a day, depend on inconsistent or unavailable transit routes, and require navigating long distances on foot while carrying groceries. Participants shared that they sometimes must choose between affordability and accessibility, unable to reach lower-cost retailers due to lack of transportation. These limitations make it even harder for food-insecure households to meet their basic needs, particularly when time, mobility, and financial resources are already stretched thin.

Public programs and charitable food resources and assistance programs such as SNAP and WIC are critical lifelines for people facing food insecurity. However, these resources do not fully fill the gap. Timing, eligibility requirements, and, in some cases, the application process erect barriers to accessing food. Many participants report that SNAP benefits often fall short of covering the full cost of food—especially as prices outpace adjustments in aid. Additionally, the SNAP application and recertification process was described as burdensome, with strict eligibility thresholds that exclude individuals still struggling to meet basic needs. Some participants lost benefits due to modest income increases that did not reflect a genuine improvement in financial stability, forcing difficult trade-offs between food and other essentials. Similarly, charitable food resources play an essential role in supporting food-insecure households in Rapid City, but they are not without limitations. While many residents expressed appreciation for these services and reported generally positive interactions with staff and volunteers, they also highlighted several accessibility challenges. These include inconvenient hours—primarily during weekdays—limited frequency, and locations that are difficult to reach, especially without reliable transportation. Some programs are restricted to specific subpopulations, which can leave others without needed support. Participants also noted concerns about the quality and appropriateness of food received, with occasional reports of expired or spoiled items and quantities that may be excessive for smaller households, leading to food waste. Long lines and the risk of food running out before everyone is served add additional stress. Seasonal gaps were also identified: while community feeds are more common in the summer, there is a shortage of resources during the winter months.

Additional barriers to food access include information gaps and stigma. Information gaps significantly hinder the ability of food-insecure residents in Rapid City to access available resources. Both community members and service providers emphasized the difficulty of navigating the local food assistance landscape due to a lack of centralized, accessible, and up-to-date information. The closure of key hubs like the Hope Center has further fragmented

communication, leaving many to rely on word of mouth or social media platforms—such as the Black Hills Cup of Sugar Facebook group—to learn about food distributions. While 211 is a potentially valuable tool, awareness and usage remain low, and users noted that the information it provides is not always current. Participants expressed a desire for more physical flyers and schedules posted in common gathering places, as well as clearer, more consistent digital communication through websites or text alerts. Additionally, some residents reported receiving food they were unfamiliar with or unsure how to prepare, suggesting a need for information related to basic nutrition education and cooking support. While service providers tend to be more optimistic about the availability and coordination of resources, this disconnect points to potential gaps in outreach, access, or public awareness that must be addressed to ensure services reach those who need them most.

Stigma and interpersonal barriers are powerful deterrents to food resource access in Rapid City, particularly among Indigenous community members and other marginalized groups. Some participants described feeling judged or looked down upon when seeking assistance, which discouraged them from returning to certain programs. Others, such as college students, expressed a reluctance to use community resources out of concern that others might be more deserving. Experiences or fears of racism, exclusion, and being dismissed by community leaders further compound these barriers, creating deep mistrust. Participants shared a clear message for local leaders: to truly understand and address food insecurity, they must listen, engage with empathy, and avoid minimizing the issue. Alongside these frustrations, there is a strong desire for more inclusive, community-centered solutions—such as community kitchens, gardens, shared meals, and other initiatives that foster dignity, connection, and mutual support. These ideas were met with enthusiasm and reflect a hopeful vision for a more united and responsive approach to hunger in Rapid City.

For some, housing challenges are interconnected with food access. When household budgets are strained, food insecure Rapid City residents report choosing between rent and food. For many individuals experiencing homelessness or living in motels, limited access to kitchens and food storage significantly hinders their ability to make full use of food resources. Without the ability to cook or refrigerate food, those relying on programs like SNAP or food distributions of raw ingredients are unable to prepare meals. As a result, prepared meals from community feeds are often a more viable option for this population. Service providers highlighted the need for food resources that do not require cooking or can be stored easily, such as pre-cooked or ready-to-eat meals. Many individuals expressed a desire to cook more if they had access to a community kitchen or even basic cooking tools like a can opener or microwave. Additionally, some participants voiced interest in gardening as a way to improve their food security, but limited access to land presents a barrier for those who do not own their own home.

Ultimately, limited access to nutritious food undermines the health and wellbeing of Rapid City residents facing food insecurity. Many report struggling to find or afford foods that meet their specific dietary needs, with specialty items often too expensive or hard to find. This forces individuals to make difficult choices—either going without, purchasing less healthy options, or stretching already tight budgets to buy essential foods. The negative health consequences of

food insecurity are severe, compounding chronic conditions such as diabetes and kidney disease. Some individuals reported experiencing consequences as a result of inadequate food or nutrition, including loss of focus, diabetic shock, and hair loss as a result of malnutrition.³⁰ Parents and caregivers often prioritize feeding children first, while adults make do with whatever food is available, even if it does not match their dietary needs. Fresh fruits, vegetables, and meat are particularly difficult to obtain, and when they are provided, they are sometimes spoiled or moldy.

In summary, food insecurity in Rapid City is a complex issue shaped by financial constraints, systemic barriers related to resource accessibility and program structures, geographic disparities, and interpersonal factors, significantly impacting the health and well-being of vulnerable populations.

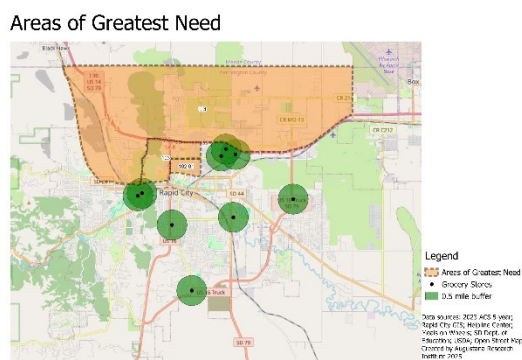
³⁰ Consistent with these findings, the 2024 Monument Health Community Health Needs Assessment found diabetes is high and rising in the Monument Health Service Area, reaching the highest level recorded in a decade. The report also notes that diabetes is more prevalent among Native American residents and people with low incomes, groups also facing the greatest food insecurity. Key informants consulted for Monument Health's report identified diabetes as a major problem for the region and connected it to a need for awareness, education, and access to affordable, healthy food. Monument Health Service Area 2024 Community Health Needs Assessment. Available online at <https://monument.health/wp-content/uploads/2025/03/2024-PRC-CHNA-Report-Monument-Health.pdf>. Accessed April 30, 2025.

Recommendations

The following recommendations are based on the findings presented in this report.

Geographically focus on increasing food access in northern Rapid City: An estimated 33,702 Rapid City residents live in food desert tracts. Most residents in these neighborhoods—an estimated 28,036 people—live a half mile or more from the nearest grocery store. Spatial analysis clearly indicates that low-income areas with low access to grocery stores, or food deserts, are concentrated in northern Rapid City, specifically highlighting the area between North Street and I-90 (i.e., Census tracts 102.01, 103, and 114) as areas of greatest need. In addition to a lack of retail grocery options, these areas have limited availability of nearby charitable food resources, particularly west of Haines Avenue or north of Highway 14/I-90. In focus groups, participants mentioned a few specific locations that once had grocery stores and might be viable for future enterprises, including near the Journey Museum where Prairie Market as located, near the now-closed K-Mart on East North Street, and near the now-closed Shopko by Haines Avenue and Knollwood Drive. Addressing the geographic disparity requires intentionally increasing both retail and charitable food resources in these underserved neighborhoods.

Map 16 (duplicated from “The Geography of Food Security” section)



Establish low-barrier food resources with expanded hours: There is a clear need for food resources that are open to everyone, regardless of specific eligibility criteria, and are available during non-traditional hours, especially evenings and weekends, when existing resources are scarce. The concept of an inclusive soup kitchen, similar to the Banquet in Sioux Falls, was desired by many across different focus groups as a place for low-barrier meals and social connection. While community feeds offer low-barrier access, adding consistent, universally accessible food pantries or distributions with expanded hours, ideally located in central or northern Rapid City where need is highest, would also help address current gaps.

Expand reach through community partnerships: Reaching individuals where they are is crucial for improving food access and resource navigation. Partnering with established community hubs like neighborhood schools, churches or faith-based organizations, subsidized housing buildings, or other accessible locations can facilitate resource distribution, application assistance (like SNAP/WIC), education, and potentially offer space for community kitchens or meal sites. Providers noted the benefit of taking services directly into communities, and community members suggested posting information in familiar, high-traffic locations like libraries or WIC offices. Co-locating information and food resources with places people frequent anyway increases accessibility, reduces transportation barriers, and saves trips and travel time. Additionally, co-locating resources can facilitate warm handoffs and connections to resources to

address the interconnected challenges that often accompany food insecurity, including housing insecurity, difficulties accessing childcare, employment challenges, transportation needs, healthcare access, and more.

Provide food and nutrition education: Community members and providers identified a significant need for education related to food and nutrition. This includes basic cooking skills, particularly for preparing affordable but underutilized staple foods such as dried beans. Participants also expressed a desire for guidance on preparing foods received in distributions, suggesting recipes tailored to box contents would be helpful. To facilitate the development of recipes, the foods in boxes could also be selected toward composing meals, rather than random assortments that recipients may find puzzling. Additionally, there is a need for medically tailored dietary advice and education, as many individuals struggle to afford or find foods that meet specific health needs related to conditions such as diabetes, allergies, or kidney disease. Educational efforts could potentially be linked with access to cooking facilities or kitchen equipment.

The SNAP-Ed needs assessment mentioned previously in this report demonstrates the power education has to impact consumption habits as well as the types of education that community members might find most valuable. According to that report, participants in SNAP-Ed—i.e., those who received additional education—were more likely to meet strength training, fruit consumption, and vegetable consumption guidelines compared to the SNAP-eligible population at large as well as to the total statewide population. In terms of the type of education and information that would be most helpful, the report identified a need for general nutrition education as well as for hands-on cooking instruction. In a statewide survey of community members who were applying for SNAP or part of SNAP programs, the study found that the preferred method for receiving information about nutrition is by mail, while the preferred location for educational materials is grocery stores or schools. Top choices for preferred education topics include how to buy healthy food on a budget, how to cook healthy meals, and ways to make groceries last all month.³¹

Implement or expand targeted incentives, such as subsidies or produce prescription (PRx) programs: The high cost of food—especially of fresh fruits and vegetables—is a major barrier for many Rapid City residents. Expanding or modeling programs that increase access to fresh produce at retail locations, such as Double Up Bucks or PRx/Food as Medicine programs, could both incentivize the consumption of nutritious food and lower barriers to access. Participants noted the benefit of using SNAP at the farmers market to double benefits and were highly receptive to this program, though awareness was limited. There are existing PRx and Food as Medicine programs in the Rapid City area and across the state, and these should be monitored for success and modeled or expanded as appropriate. Implementing or expanding incentives for fresh produce could help people access healthier options that are often difficult to find or afford.

³¹ Dunn, M. 2024. South Dakota SNAP-Ed Needs Assessment. South Dakota State University Population Health Evaluation Center.

Enhance access to cooking equipment and facilities: For many, particularly those experiencing homelessness or living in motels, a significant barrier to food security is the lack of access to kitchens, cooking equipment, and food storage. This prevents them from effectively utilizing food resources such as SNAP benefits or raw ingredients from distributions. Providing access to basic cooking tools like can openers or exploring options for a community closet for larger items like slow cookers or air fryers could be beneficial. Supporting the development of community kitchen spaces was a frequently desired resource by both community members and providers, offering a place for preparation, storage, and potentially educational programming.

Promote community building, reduce stigma, and support Indigenous leadership: The report highlights that Indigenous people are disproportionately impacted by food insecurity in Rapid City and experience unique barriers, including racism and stigmatization when seeking assistance. To build trust and ensure programs are culturally responsive and effective, it is essential to recruit, support, and empower Indigenous individuals in leadership and decision-making roles across food systems—including boards, staff positions, and volunteer opportunities. Greater Indigenous representation can help reduce stigma, create more welcoming environments, and shape programs that reflect community priorities, such as access to traditional foods, culturally respectful services, and opportunities to grow and prepare food.

More generally, planning and programming that incorporates the voices and lived experiences of food-insecure residents from across the community can foster understanding and accountability among local leaders and the broader public. Addressing food insecurity in Rapid City will benefit from intentional community-building efforts that restore agency, reduce stigma, and support long-term inclusion. It takes everyone working together to end hunger. By ensuring resources exist to meet the current need while collectively building solutions that address root causes of food insecurity within a community, Rapid City can ensure no person has to worry about how they will put food on the table.

Appendix

Focus group participant characteristics

	Population							
	Older Adults 60+	Parents and Guardians	Veterans	Indigenous	Youth	Post-secondary	Housing Insecure	Providers
Number of Participants								
Focus Group	12	12	9	14	12	6	13	9
Phone Interview	2	0	0	0	0	0	2	0
Age								
Min	44	24	44	28	18	20	18	42
Median	64	44	63	43	20	24	39	53
Average	64	44	60	44	20	24	38	55
Max	73	74	75	70	25	30	61	77
Gender								
Man	4	2	8	4	4	2	5	3
Woman	10	10	1	10	5	4	10	6
Nonbinary or another gender	0	0	0	0	3	0	0	0
Race								
American Indian or Alaska Native	3	9	4	12	3	0	9	0
Asian	0	0	0	0	0	0	0	0
Black or African American	0	0	1	0	0	0	0	0
Hispanic or Latino	0	0	1	0	1	0	1	0
Middle Eastern or North African	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0	0	0
White	9	1	2	0	7	6	1	9
Multiracial	1	2	1	2	1	0	4	0
Unknown	1	0	0	0	0	0	0	0
Household Size								
1	6	0	6	2	6	2	8	3
2	3	1	1	0	3	2	2	3
3	4	4	2	3	1	0	0	1
4	0	2	0	4	0	0	1	1
5 or more	0	5	0	5	1	1	2	1
Unknown	1	0	0	0	1	1	2	0
Median	2	4	1	4	2	2	1	2
Average	2	5	2	5	2	3	2	2
Max	3	10	3	9	5	5	6	5

Employment Status								
Employed full time	2	4	0	2	2	1	0	8
Employed part time	1	1	0	2	2	5	2	0
Not employed, but looking for work	0	4	3	3	4	0	6	0
Not employed and not looking for work	0	0	1	1	0	0	2	0
Not employed, unable to work due to disability or illness	5	1	1	2	3	0	4	0
Retired	5	1	4	1	0	0	0	0
Student	0	0	0	2	1	6	1	0
Stay-at-home spouse or partner	0	1	0	1	0	0	0	0
Unknown	1	0	0	0	0	0	0	1
Annual Household Income								
Less than \$10,000	1	6	4	7	8	0	10	0
\$10,000 to \$14,999	3	2	3	4	1	1	1	0
\$15,000 to \$24,999	3	1	1	1	1	1	0	0
\$25,000 to \$34,999	1	1	0	1	2	1	3	0
\$35,000 to \$49,999	3	2	1	0	0	1	0	2
\$50,000 to \$74,999	1	0	0	1	0	0	0	1
\$75,000 to \$99,999	1	0	0	0	0	0	0	2
\$100,000 to \$149,999	0	0	0	0	0	1	0	4
\$150,000 to \$199,999	0	0	0	0	0	0	0	0
\$200,000 or more	0	0	0	0	0	0	0	0
Unknown	1	0	0	0	0	1	1	0
Median	\$25,000	\$10,000	\$10,000 to \$14,999	\$10,000 to \$14,999	Less than \$10,000	\$25,000 to \$34,999	Less than \$10,000	\$75,000 to \$99,999

Area of Town of Residence								
North Rapid	7	5	3	10	8	0	12	2
Black Hawk	0	0	0	0	0	1	0	0
Robbinsdale	1	1	1	0	0	1	1	1
Rapid Valley	0	0	1	1	0	1	0	0
Box Elder	0	1	0	0	0	0	0	0
West Rapid	1	1	1	0	3	2	0	5
Central Rapid City / Downtown	3	4	1	2	0	1	0	0
South Rapid	0	0	1	0	0	0	0	1
Other community	0	0	1	1	0	0	1	0
Unknown	2	0	0	0	1	0	1	0
Food Security								
High or marginal food security	1	0	0	0	1	3	1	9
Low food security	4	3	1	2	3	1	0	0
Very low food security	8	9	6	11	8	2	13	0
Unknown	1	0	2	1	0	0	1	0
Factors Affecting Food Access in the Past Year								
Lost work or had pay or hours cut	2	6	0	6	5	1	5	1
Medical bills	5	0	2	1	2	0	3	1
Illness or medical condition	3	3	0	1	4	0	3	2
Rising food prices	9	8	3	10	5	5	7	2
Increase in rent or other housing costs	4	5	1	4	2	3	4	1
Transportation issues	3	2	2	4	7	1	3	0
Other (reduced SNAP, jail, uncomfortable interactions, hours, expenses for children, time, weather)	3	3	1	2	0	2	2	1
Food Access Contributed to Chronic Health Condition in Household?								
Yes	6	2	2	5	2	1	8	1
No	6	9	4	4	8	5	5	8
Unknown	2	1	3	5	2	0	2	0

Population: Providers/organizations that provide food (meals, pantries, etc.)

Introductions

Please introduce yourself. Share your first name and the organization you work with.

Think back over the past year or two. What's been going well in Rapid City when it comes to promoting food security and food access? Any big wins or specific initiatives to lift up?

Eligibility

Please tell us more about your organization's work, starting with who your organization serves.

- Who are you able to serve or unable to serve? What guidelines or restrictions are tied to the funding you use to get food? What proportion of your funding doesn't have restrictions?
- How do you determine or document eligibility? What constraints or flexibility do you have to adjust eligibility (is it tied to funding sources, for example)?

Do people you work with/in your programs face barriers to accessing mainstream services (e.g., definition of household)?

- From what you've seen, how well are eligible people maximizing their benefits from food assistance programs (SNAP, WIC, etc.)?
 - Are the families you work with generally eligible for SNAP?
- Are people aware of programs? Do they know whether they're eligible for these programs? How do you share information with people about available programs (outside of your own)?
- What might keep them from applying or using benefits?
- What is the community doing to raise awareness about eligibility for these programs? Is it enough? How do people find out about resources?
- Is the situation different for people in any of these groups?
 - Higher ed students
 - Parents and guardians of children ages birth to 12th grade
 - Indigenous people
 - People over age 60
 - Unhoused people (including youth and veterans)

Thinking beyond your own organization: how sufficient is current support around food access? What eligibility restrictions, or limits on the amount of food people can get, are you aware of in the Rapid City community?

- Are there groups who fall through the cracks? What supports are available to them?

- Is the situation different for people in any of these groups?
 - Higher ed students
 - Parents and guardians of children ages birth to 12th grade
 - Indigenous people
 - People over age 60
 - Unhoused people (including youth and veterans)

Food Types

Now I'd like to hear about the types of food your organization provides.

- Where do you receive food (Feeding SD, direct donation, distributor, local sources, other)?
 - What are the gaps in the types of food you receive?
- What limits how much food you can provide or how often?
 - Do you have the same types of food consistently available? Or does it vary?
 - How does demand vary? Is it consistent? Does it match availability?
 - Are you able to provide a variety of foods? How do you try to manage inventory and meet needs around healthfulness, dietary needs, culturally appropriate and familiar foods, etc.?
- What types of food do people request most?
 - Most requested but not able to provide
- What types of foods do you see people leaving behind?
- What does your organization do with its extra food?

Thinking about charitable food resources across the community as a whole, how widely available are different types of food—especially healthy or diabetic friendly foods, allergen friendly foods, and culturally appropriate foods?

- Where can people find affordable (or charitable) healthy or diabetic friendly foods?
- Where can they go for allergen friendly foods?
- What options are there for culturally appropriate foods?

Education and Kitchen Access

What other types of support does your organization provide in order to help people prepare food?

- What options do you have for people with/without access to things such as: a stove, refrigerator, microwave, dishes, and/or pots?
- How do you learn from people what their needs are (as far as cooking equipment and skills)?
- How do you provide cooking or nutrition education as needed?
- Where would you send someone for life skills education, cooking classes, etc.?
- What has worked well (or flopped)--e.g., handing out recipes, connecting items to create full meals, etc.

Thinking about the community as a whole, what needs do you see around access to kitchens and cooking equipment or the time and knowledge needed to prepare food?

- Is the situation different for people in any of these groups?
 - Higher ed students
 - Parents and guardians of children ages birth to 12th grade
 - Indigenous people
 - People over age 60
 - Unhoused people (including youth and veterans)

Outreach, Transportation, and Awareness

How does your organization actually connect with people and get food into their hands?

- Do people come to you?
- Do you do any outreach, delivery, or provide transportation assistance?
- What's your capacity to meet clients in their homes/where they are? What would you need in order to make that possible?

Based on what you see day to day, and thinking about the community as a whole, can people get to food sources without trouble?

- Are locations convenient?
- What transportation options exist? How well do they work for people?
- What about open hours or meal times?
- Is the situation different for people in any of these groups?
 - Higher ed students
 - Parents and guardians of children ages birth to 12th grade
 - Indigenous people
 - People over age 60
 - Unhoused people (including youth and veterans)

How well do you believe the community does in raising awareness about food resources?

- Is information available about how to get assistance?
- Where can people find this information?
- Do people know how to access this information?

Population: Parents and guardians of children ages birth to 12th grade

Please introduce yourself. Share your first name and your favorite food.

A lot goes into feeding a family. What do you do each week to keep your family fed?

- Where do you get groceries? Stores (grocery, big box, dollar, convenience), pantries, other?
- Do you cook at home?
- Do you eat meals away from home? Where?
- Do your kids eat at school? Cold lunch or hot? Breakfast?
- How many meals a day do you typically eat?

How often do you cook at home? Why or why not?

- What would make you more likely to cook at home?
- Do you have the equipment and appliances you need (pots, pans, utensils, stove, can opener etc.)?
 - Do you have utilities you need to cook (gas, electric, etc.)?
 - Are you able to refrigerate or keep foods cold/or frozen?
- Do you have time to cook?
 - If you do not have time to cook, are the children helping to prepare the meals?
- How comfortable do you feel in the kitchen or following a recipe?
 - Do you have cookbooks/recipe cards - to know how to cook food received at pantries or from WIC?

It can be a challenge to get enough food. What challenges do you face in getting enough food for your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP/Food Stamps, WIC, Humana card, other)? Why/why not?
 - Have you ever applied for SNAP/Food Stamps, WIC, etc.? Why or why not?
 - Are you able to apply on behalf of the children in your care?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- For any children you have in school, are they able to get free or reduced price breakfast/lunch?
 - Why have/haven't you applied for free lunch?
 - Are you able to apply on behalf of the children in your care?
 - How do your children feel about eating school lunch?
- For any child in school, does your child participate in the backpack program, and receive food to cover the weekend?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

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- Do you, as a caregiver, go without food or reduce your food intake in order to provide enough food for the children in your care?

Are you aware of groups or programs that can help families get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help parents or young children with food?
- What would make you more or less likely to reach out to these programs?

How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
 - Do you ever have to refuse food because you are not able to carry it?
- Do open hours work for you?
- Do you ever have food delivered? From where/by whom?
- Are the locations accessible with strollers, wheelchairs, etc.? Are you able to bring your kids with you?
- How long is the wait to get food? Or the length of time it takes to get an appointment for services?

How do the types of food you find match up with your family's needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate
- Meet the developmental level of your child? (i.e., baby food and formula for infants/ finger foods for toddlers)
- If you have a special needs child do you have access to food with the proper texture, types/variety for the needs of this child?

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Older adults (60+)

Please introduce yourself. Share your first name and your favorite food from your childhood.

A lot goes into feeding a family. What do you do each week to keep yourself and your family fed?

- Where do you get groceries? Stores (grocery, big box, dollar, convenience), pantries, other?
- Do you cook at home?
- Do you eat meals away from home? Where?
- Do you typically eat alone or with others? If you eat with others, are they family, friends, someone else?
- If other family members live with you, do you prepare their meals? Where do they eat?
- How many meals a day do you typically eat?

How often do you cook at home? Why or why not?

- What would make you more likely to cook at home?
- Do you have the equipment and appliances you need (pots, pans, utensils, stove, etc.)?
 - Do you have the utilities you need to cook (gas, electric, etc.)?
- Do you have time to cook?
- How comfortable do you feel in the kitchen or following a recipe?
- What health or mobility challenges do you face when preparing meals?

It can be a challenge to get enough food. What challenges do you face in getting enough food for your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying or accessing food (from family/friends, your church, Humana card, SNAP, Meals on Wheels, other)? Why/why not?
 - Have you ever applied for SNAP? Why or why not?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

Are you aware of groups or programs that can help older adults get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help older adults with food?
- What would make you more or less likely to reach out to these programs?

How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?

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- Are you able to carry the food you get?
- Do open hours work for you?
- Do you ever have food delivered? From where/by whom?
- Are the locations accessible with strollers, wheelchairs, etc.?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- If you have medically tailored food needs, are you able to get the foods you need? (for example, heart-friendly, kidney-healthy, diabetic or allergen friendly)
- Culturally appropriate, familiar

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Has it been easier or harder obtaining food over the last 12 months? What do you think the next 12 months looks like for obtaining food?

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Postsecondary students

Please introduce yourself. Share your first name and your favorite food.

Juggling school can be a lot of work on top of meeting your other needs, like food. What do you do each week to keep yourself fed?

- Do you eat on campus? Do you have a meal plan? Why or why not?
- Where do you get groceries? Stores (grocery, big box, dollar, convenience), pantries, other?
- Do you cook for yourself or friends? Do you eat meals away from home? Where?
- How many meals a day do you typically eat?

Where do you live when you're in school (dorm, apartment, parent's house)? Does that change how you eat?

- How often do you cook for yourself? What influences whether you cook or eat away?
- What would make you more likely to cook for yourself?
- Do you have the equipment and appliances you need (pots, pans, utensils, stove, etc.)?
 - Do you have utilities you need to cook (gas, electric, etc.)?
- Do you have time to cook?
- How comfortable do you feel in the kitchen or following a recipe?

It can be a challenge to get enough food. What challenges do you face in getting enough food each week while you're in school?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP, WIC, other)? Why/why not?
 - Have you heard of SNAP? Do you know whether you're eligible?
 - Have you ever applied for SNAP? Why or why not?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

How does your food situation change during school breaks (winter break, summer, etc.)?

Are you aware of groups or programs that can help students get food (e.g., campus or community food pantries)?

- Are you aware of any food pantries on your campus or other college campuses?
- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help students with food?
- What would make you more or less likely to reach out to these programs?

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How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
- Do open hours work for you?
- Do you ever have food delivered? From where/by whom?
- Are the locations accessible with strollers, wheelchairs, etc.?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping yourself fed, how does trying to meet your food needs affect your other obligations? Do you have to make tradeoffs (time, money)?

What would you want college or university leadership to know about the difficulties students experience meeting food needs?

- What steps do you think your college or university leadership could take to help students who have difficulties meeting food needs?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Indigenous people

Please introduce yourself. Share your first name and your favorite food.

A lot goes into feeding a family. What do you do each week to keep yourself and your family fed?

- Where do you get groceries? Stores (grocery, big box, dollar, convenience), pantries, other?
- Do you cook at home?
- Do you eat meals away from home? Where?
- If family members live with you, do you prepare their meals? Where else do they eat?
- How many meals a day do you typically eat?

How often do you cook at home? Why or why not?

- What would make you more likely to cook at home?
- Do you have the equipment and appliances you need (pots, pans, utensils, stove, etc.)?
 - Do you have utilities you need to cook (gas, electric, etc.)?
- Do you have time to cook?
- How comfortable do you feel in the kitchen or following a recipe?

It can be a challenge to get enough food. What challenges do you face in getting enough food for your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP, WIC, Humana card, other)? Why/why not?
 - Have you ever applied for SNAP, WIC, etc.? Why or why not?
 - Are you able to apply on behalf of the children in your care?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- For any children you have in school, are they able to get free or reduced price lunch?
 - Why have/haven't you applied for free lunch?
 - Are you able to apply on behalf of the children in your care?
 - How do your children feel about eating school lunch?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

Are you aware of groups or programs that can help people get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help Indigenous people with food?
- What would make you more or less likely to reach out to these programs?

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How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
- Do open hours work for you?
- Do you ever have food delivered? From where/by whom?
- Are the locations accessible with strollers, wheelchairs, etc.? Are you able to bring your kids with you?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Unhoused people (general group)

Please introduce yourself. Share your first name and your favorite food.

A lot goes into feeding a family. What do you do each week to keep yourself and your family fed?

- Where do you eat meals?
- Do you have a place where you can prepare or cook meals? Or a place to keep groceries?
 - If yes: Where do you get groceries? How often do you cook at home? Why?
 - If no: If there were a kitchen you could use, would you want to cook your own meals? Why or why not?
- How many meals a day do you typically eat?

It can be a challenge to get enough food. What challenges do you face in getting enough food for your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP, WIC, Humana card, other)? Why/why not?
 - Have you ever applied for SNAP, WIC, etc.? Why or why not?
 - Are you able to apply on behalf of the children in your care?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- For any children you have in school, are they able to get free or reduced price lunch?
 - Why have/haven't you applied for free lunch?
 - Are you able to apply on behalf of the children in your care?
 - How do your children feel about eating school lunch?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

Are you aware of groups or programs that can help people get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help unhoused people with food?
- What would make you more or less likely to reach out to these programs?

How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
- Do open hours or meal times work for you?
- Are the locations accessible with strollers, wheelchairs, etc.? Are you able to bring your kids with you?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Unhoused youth

Please introduce yourself. Share your first name and your favorite food.

A lot goes into feeding ourselves, on top of juggling everything else in our lives. What do you do each week to keep yourself fed?

- Where do you eat meals?
- Do you have a place where you can prepare or cook meals? Or a place to keep groceries?
 - If yes: Where do you get groceries? How often do you cook at home? Why?
 - If no: If there were a kitchen you could use, would you want to cook your own meals? Why or why not?
- How many meals a day do you typically eat?

It can be a challenge to get enough food. What challenges do you face in getting enough food for yourself or your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP, WIC, other)? Why/why not?
 - Have you ever applied for SNAP, WIC, etc.? Why or why not?
 - Are you able to apply on behalf of the children in your care?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- For any children you have in school, are they able to get free or reduced price lunch?
 - Why have/haven't you applied for free lunch?
 - Are you able to apply on behalf of the children in your care?
- How do your children feel about eating school lunch?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

Are you aware of groups or programs that can help people get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help young people with food?
- What would make you more or less likely to reach out to these programs?

How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
- Do open hours or meal times work for you?
- Are the locations accessible with strollers, wheelchairs, etc.? Are you able to bring your kids with you?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Population: Unhoused veterans

Please introduce yourself. Share your first name and your favorite food.

A lot goes into feeding a family. What do you do each week to keep yourself and your family fed?

- Where do you eat meals?
- Do you have a place you can prepare or cook meals? Or a place to keep groceries?
 - If yes: Where do you get groceries? How often do you cook at home? Why?
 - If no: If there were a kitchen you could use, would you want to cook your own meals? Why or why not?
- How many meals a day do you typically eat?

It can be a challenge to get enough food. What challenges do you face in getting enough food for you and your family each week?

- How affordable are stores? How do you stretch your dollar?
- Do you get help buying food (from family/friends, your church, or SNAP, WIC, Humana card, other)? Why/why not?
 - Have you ever applied for SNAP, WIC, etc.? Why or why not?
 - Are you able to apply on behalf of the children in your care?
- Do you visit pantries or giveaways? Community meals? Why/why not?
 - Which pantries or meals do you go to?
- For any children you have in school, are they able to get free or reduced price lunch?
 - Why have/haven't you applied for free lunch?
 - Are you able to apply on behalf of the children in your care?
 - How do your children feel about eating school lunch?
- Do you bring in any extra food by hunting, fishing, gardening, or another way?

Are you aware of groups or programs that can help people get food?

- How do you find information about them?
 - How easy is it to access information at these sources? Do you need a phone, computer, etc.? Is the information clear and organized and easy to find what you need?
- Do you know of any special resources to help veterans with food?
- What would make you more or less likely to reach out to these programs?

How do you usually get to the places where you get food? How convenient are the locations?

- Transportation: bus, car, bike? Any challenges? How long does it usually take you to get there and back?
- Are you able to carry the food you get?
- Do open hours or meal times work for you?
- Are the locations accessible with strollers, wheelchairs, etc.? Are you able to bring your kids with you?

How do the types of food you find match up with your dietary needs or preferences? Can you find the types of food you want?

- Are you able to find nutritious options? How about fruits, vegetables, and proteins?
- Health needs: diabetic or allergen friendly
- Culturally appropriate

If you aren't able to find the **type of** food you need, **how does that affect you and your family?**

Thinking about everything you've shared about the work that goes into keeping your family fed, how does trying to meet your food needs affect your family and your other obligations? Do you have to make tradeoffs (time, money)?

What one takeaway (or piece of advice) would you share with city leaders or agencies who are trying to improve access to food here in Rapid City?

Rapid City Food Security Needs Assessment

1. What is your age? ____

2. What is your gender?

☐ Woman

☐ Man

☐ Nonbinary

☐ Prefer to self-describe:

3. What is your race and ethnicity? Select all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White

4. How many people live in your household (including yourself)? ____

5. What is your current employment status?

☐ Employed full time

☐ Employed part time

☐ Not employed, but looking for work

☐ Not employed and not looking for work

☐ Not employed, unable to work due to a disability or illness

☐ Retired

☐ Student

☐ Stay-at-home spouse or partner

6. What is your annual household income?

☐ Less than \$10,000

☐ \$10,000 to \$14,999

☐ \$15,000 to \$24,999

☐ \$25,000 to \$34,999

☐ \$35,000 to \$49,999

☐ \$50,000 to \$74,999

☐ \$75,000 to \$99,999

☐ \$100,000 to \$149,999

☐ \$150,000 to \$199,999

☐ \$200,000 or more

What area of town do you live in?

☐ North Rapid

☐ Black Hawk

☐ Robbinsdale

☐ Rapid Valley

☐ Box Elder

☐ West Rapid

☐ Other area, please identify:

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

7. "The food that I bought just didn't last, and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

☐ Often true

☐ Sometimes true

☐ Never true

☐ Don't know

Date: ____/____/____

Rapid City Food Security Needs Assessment

8. "I couldn't afford to eat balanced meals."
Was that often, sometimes, or never true for
you in the last 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

9. In the last 12 months, since last (name of
current month), did you or other adults in
your household ever cut the size of your
meals or skip meals because there wasn't
enough money for food?

- ☐ Yes, almost every month
- ☐ Yes, some months but not every
month
- ☐ Yes, only 1 or 2 months
- ☐ No

10. In the last 12 months, did you ever eat
less than you felt you should because there
wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know

11. In the last 12 months, were you ever
hungry but didn't eat because there wasn't
enough money for food?

- ☐ Yes
- ☐ No
- ☐ Don't know

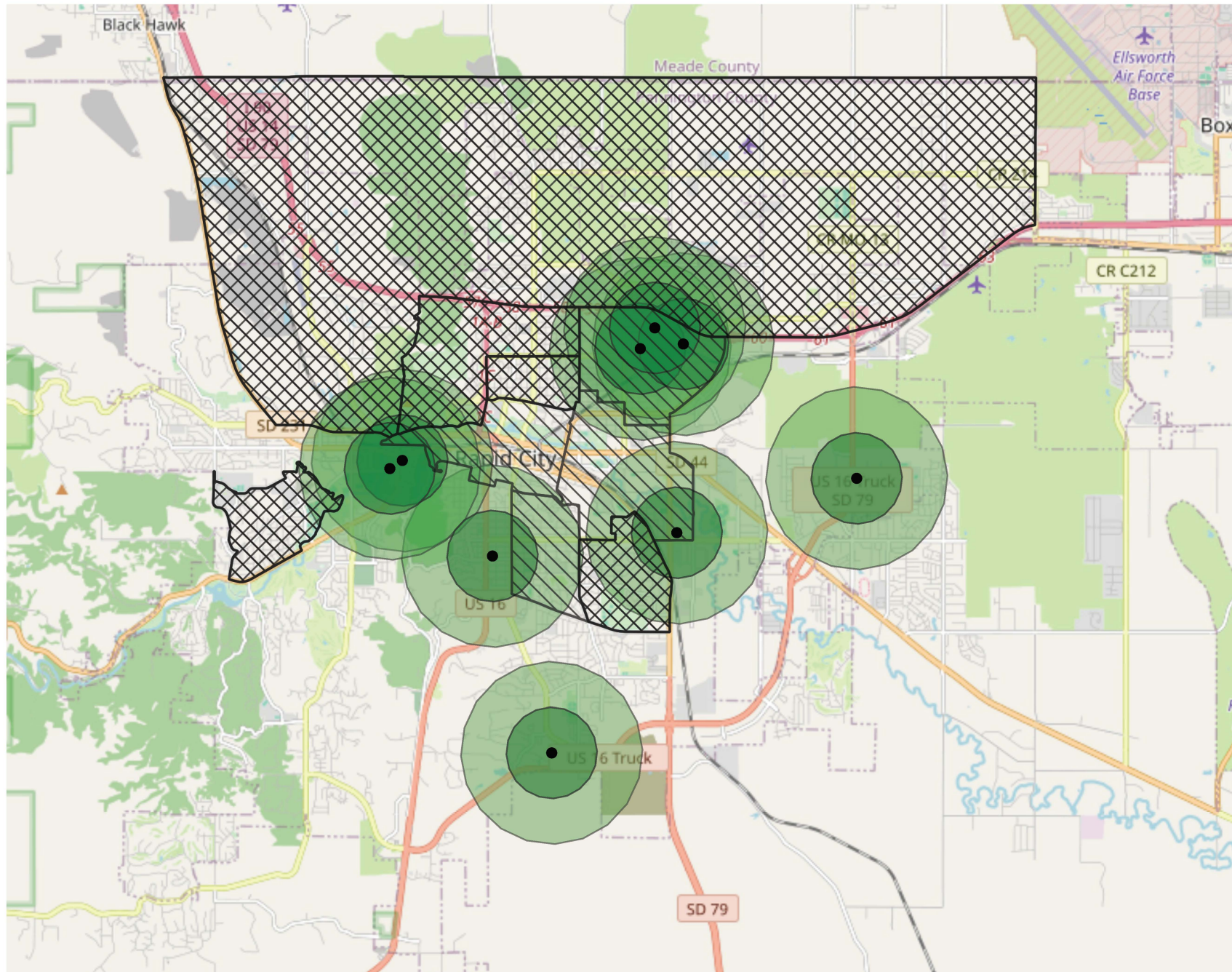
12. In the past year, what factors have
affected your ability to get the food you
need?

- ☐ Lost work or had pay or hours cut
- ☐ Medical bills
- ☐ Illness or medical condition
- ☐ Rising food prices
- ☐ Increase in rent or other housing
costs
- ☐ Transportation issues
- ☐ Other:

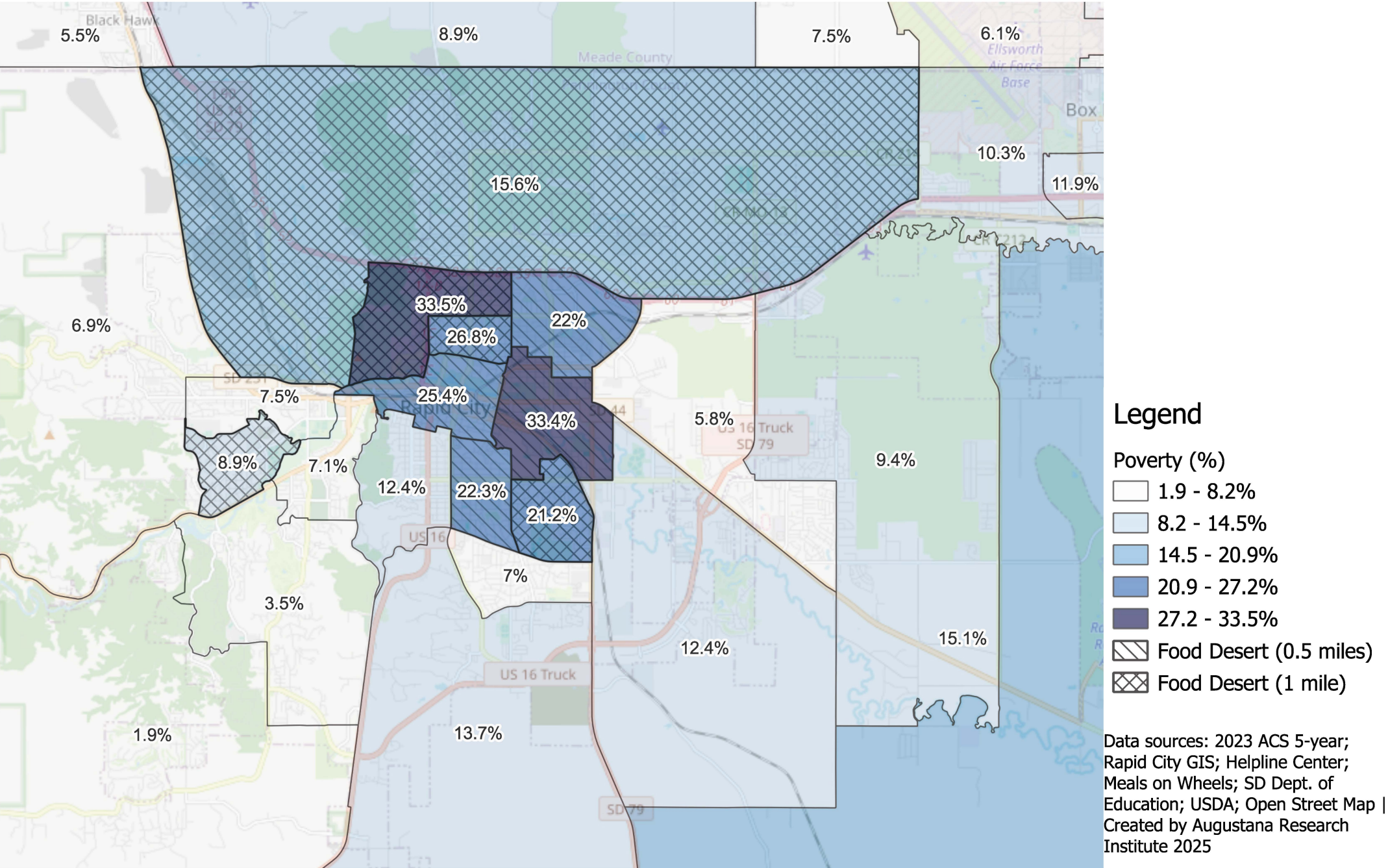
Is there anything you'd like to share that you didn't have the chance to talk about during the
focus group? Please let us know here:

Date: ___/___/___

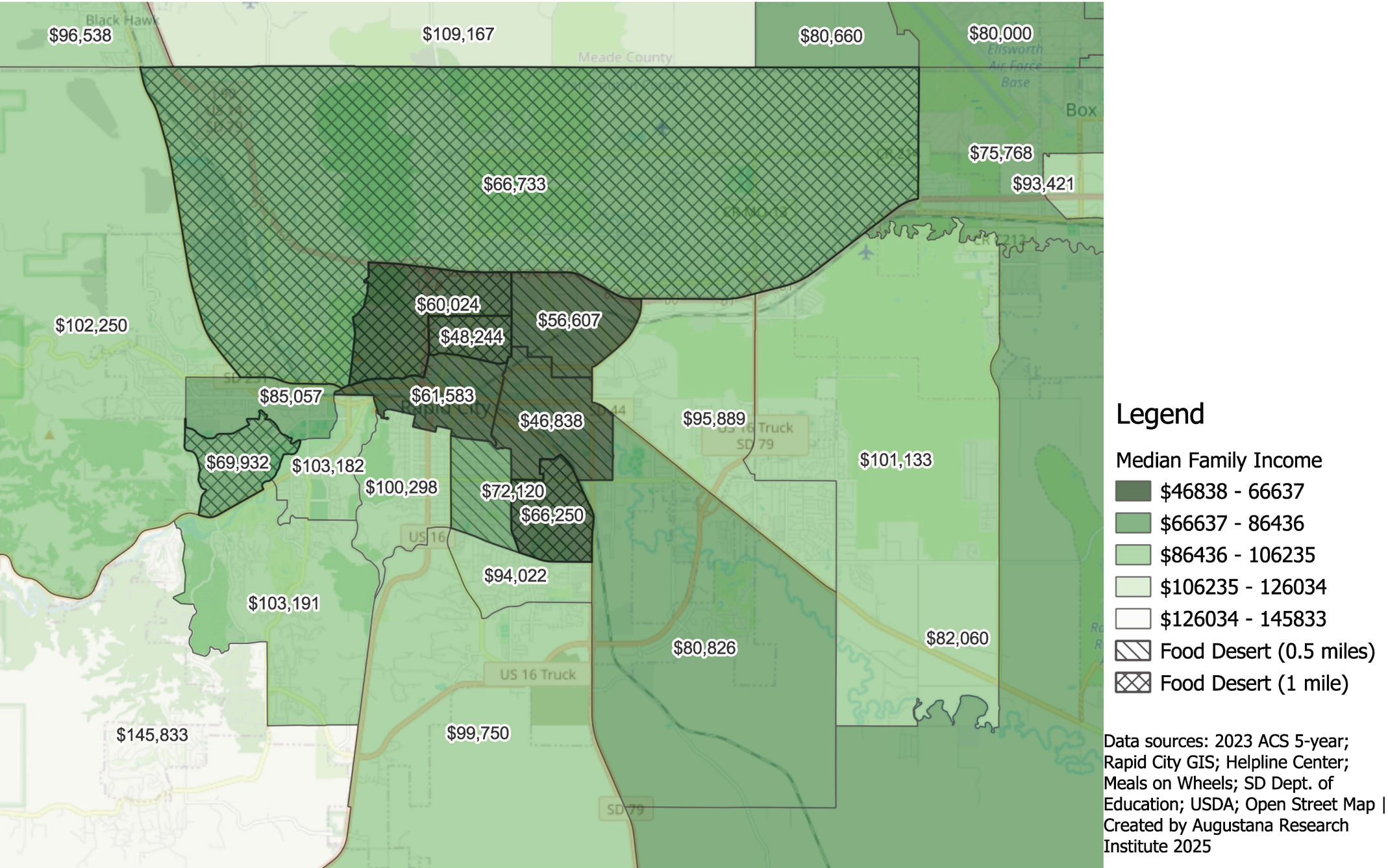
Supermarkets and Food Deserts in Rapid City



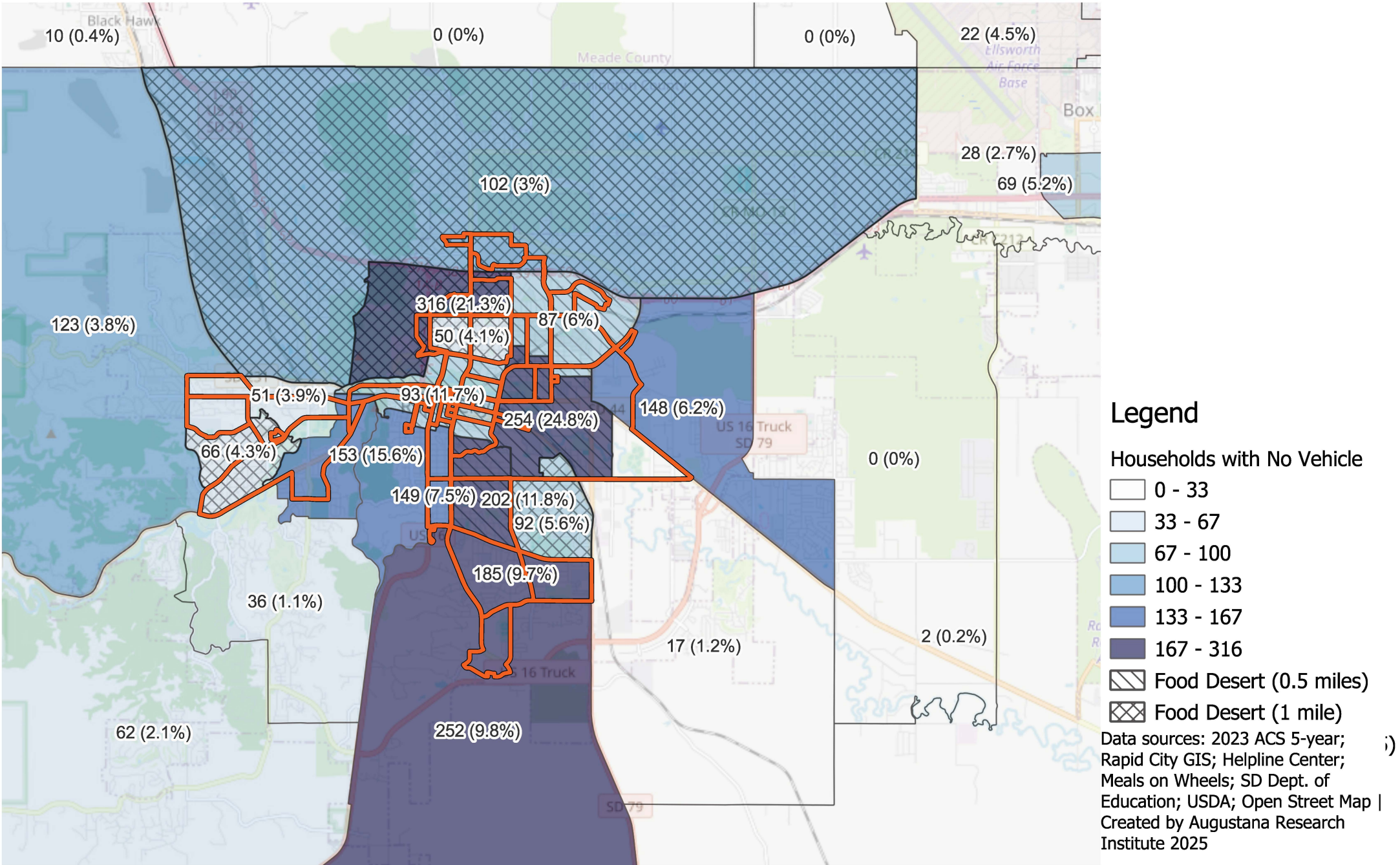
Poverty and Food Deserts in Rapid City



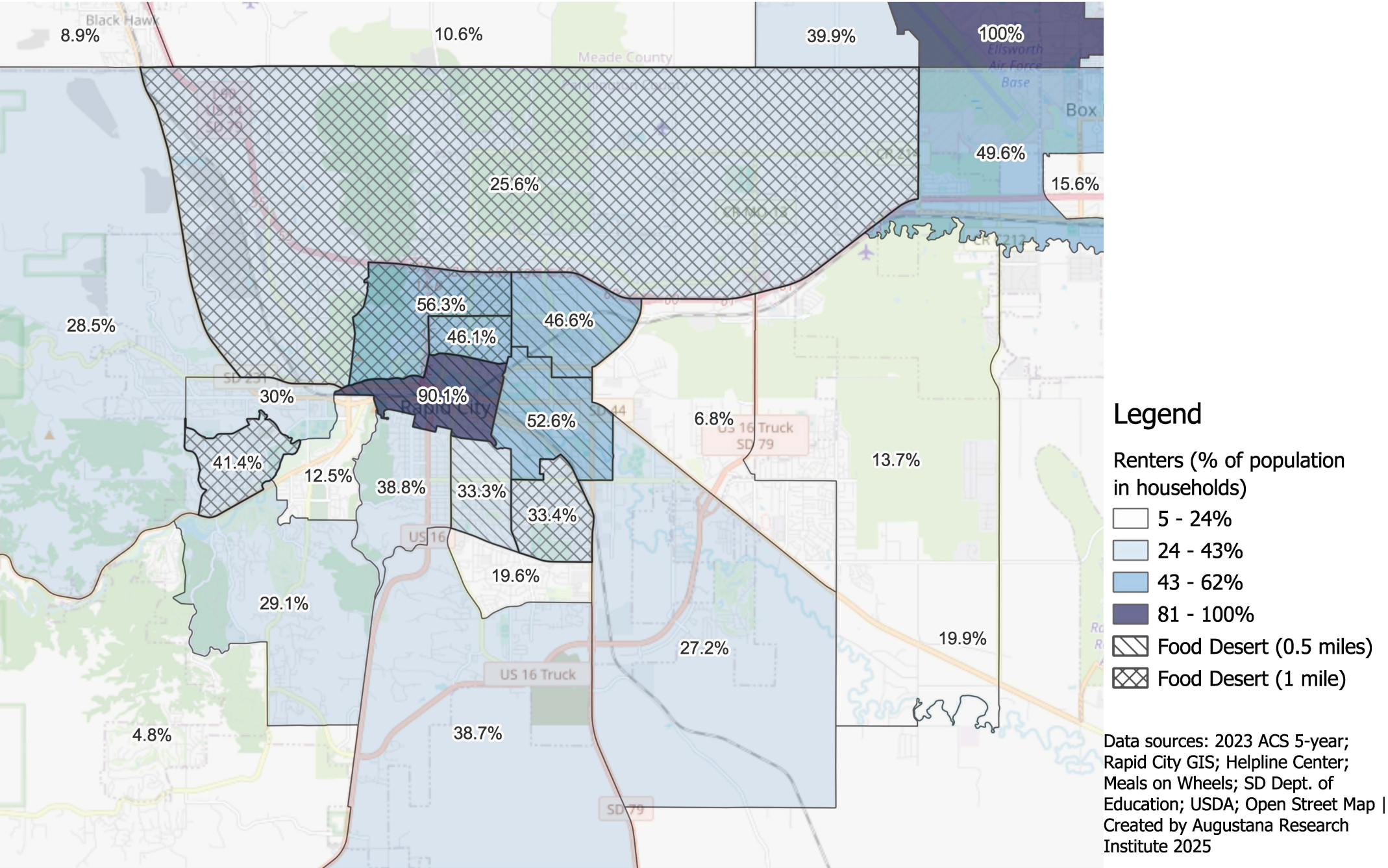
Median Income and Food Deserts in Rapid City



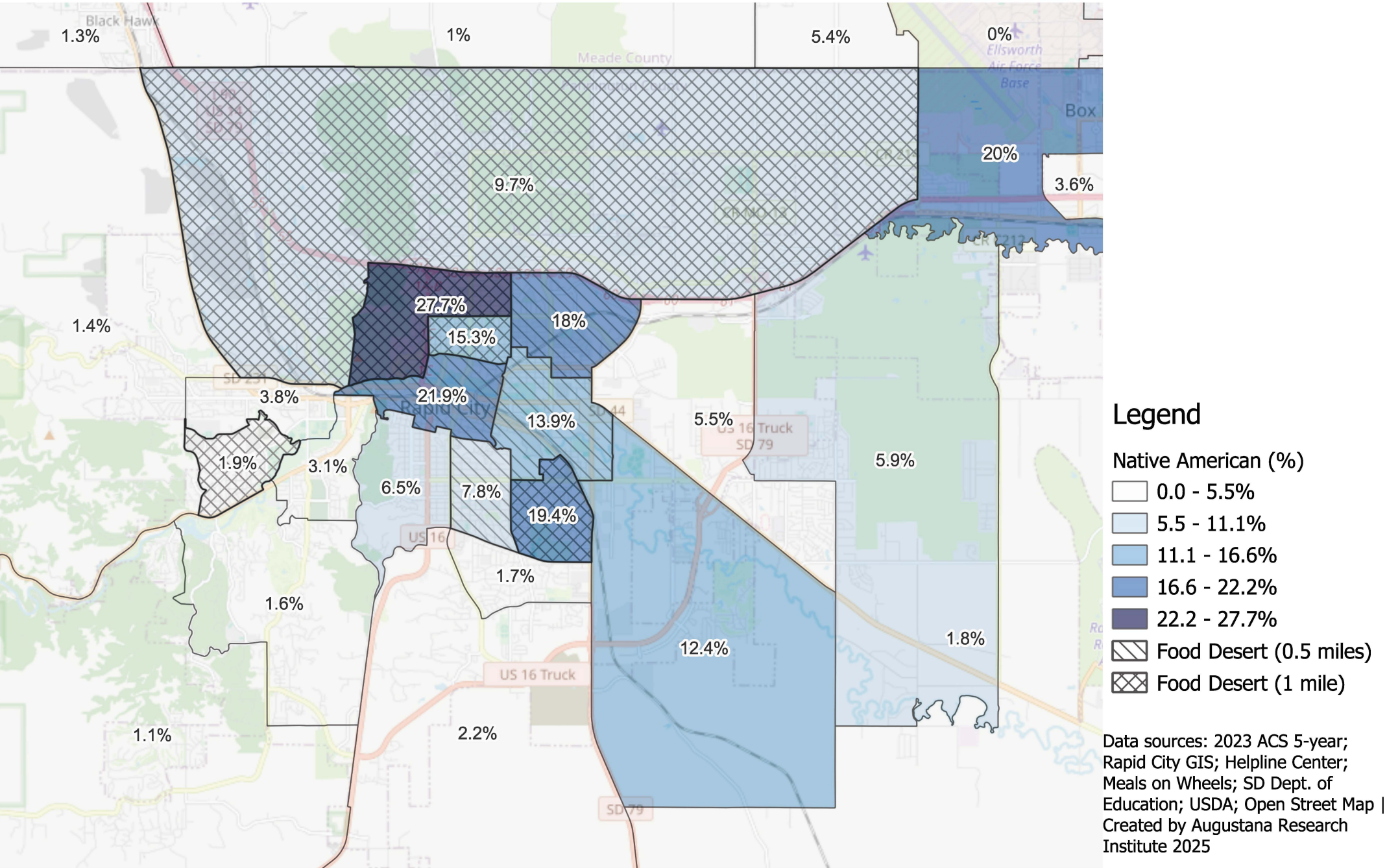
Vehicle Access and Food Deserts in Rapid City



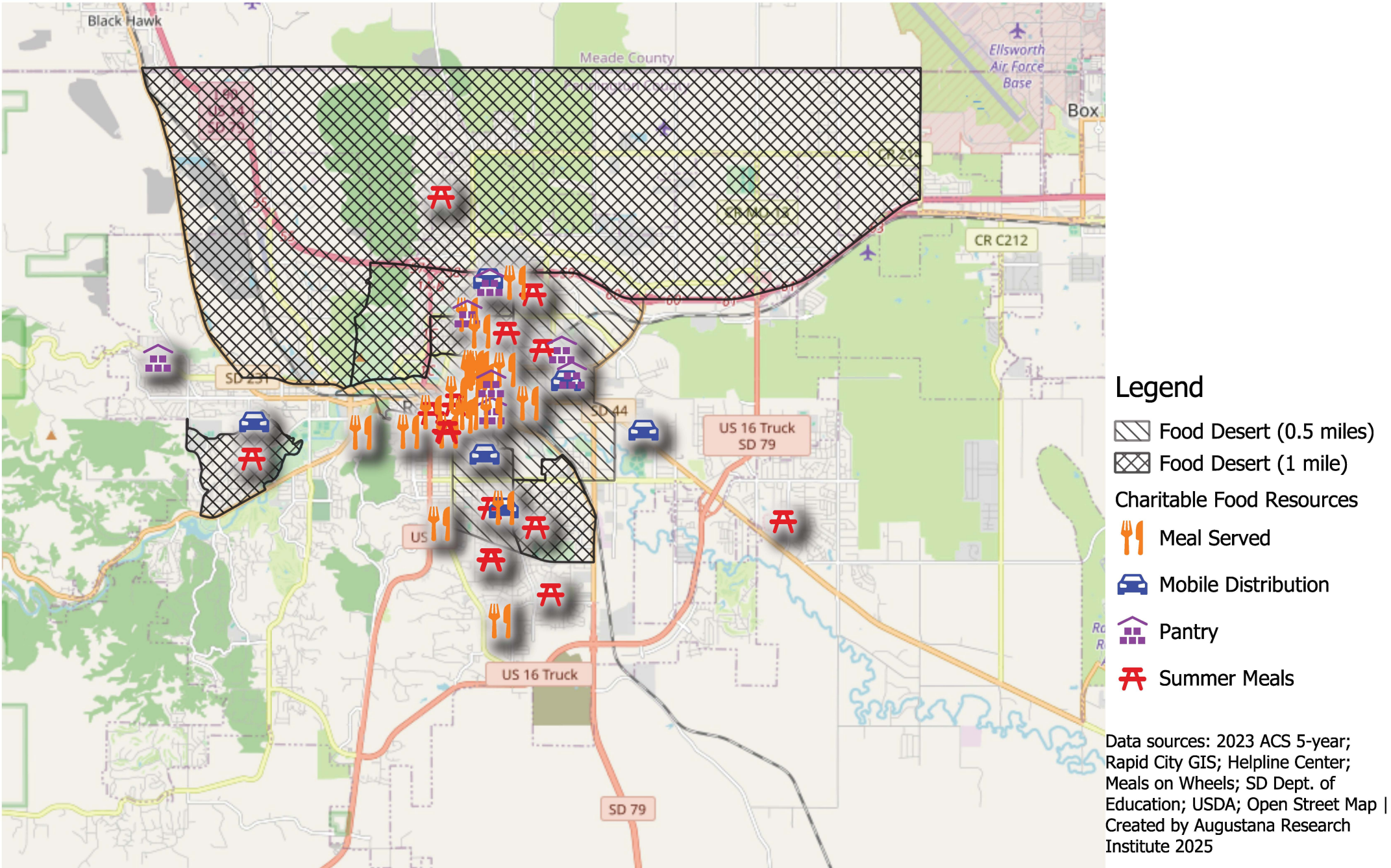
Renters and Food Deserts in Rapid City



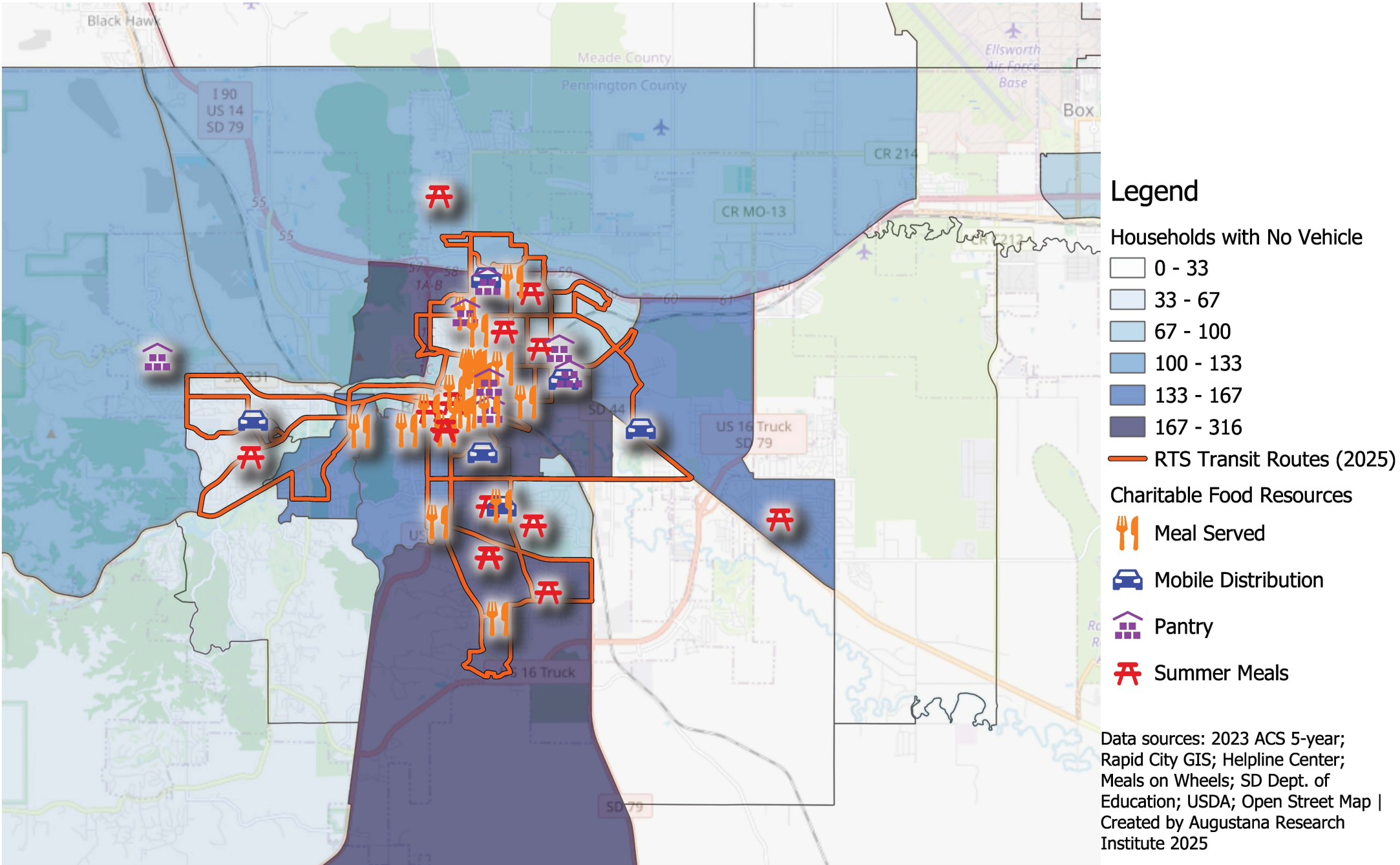
Race and Food Deserts in Rapid City



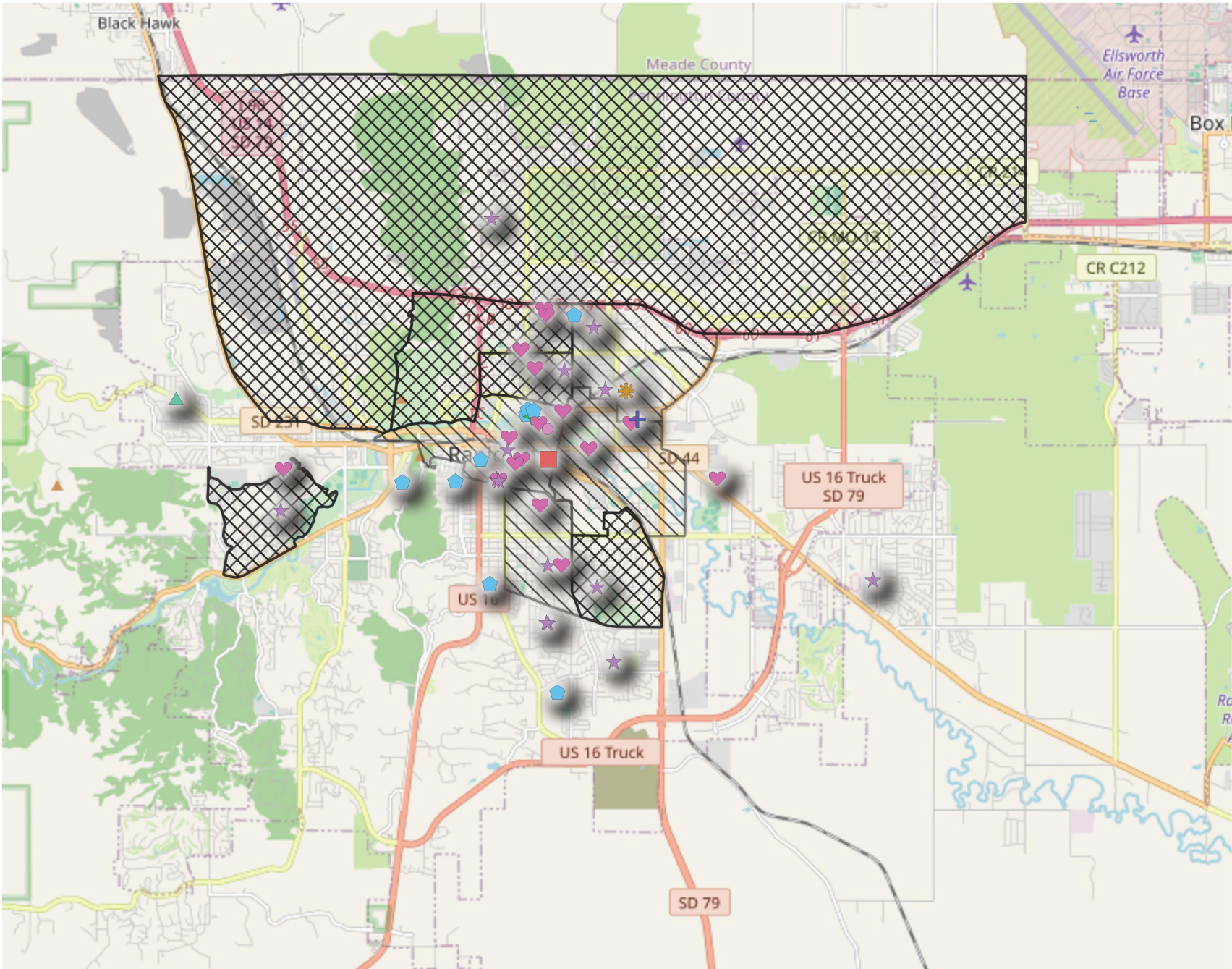
Charitable Food Resources by Type



Charitable Food Resources and Vehicle Access



Charitable Food Resources: Eligibility



Legend

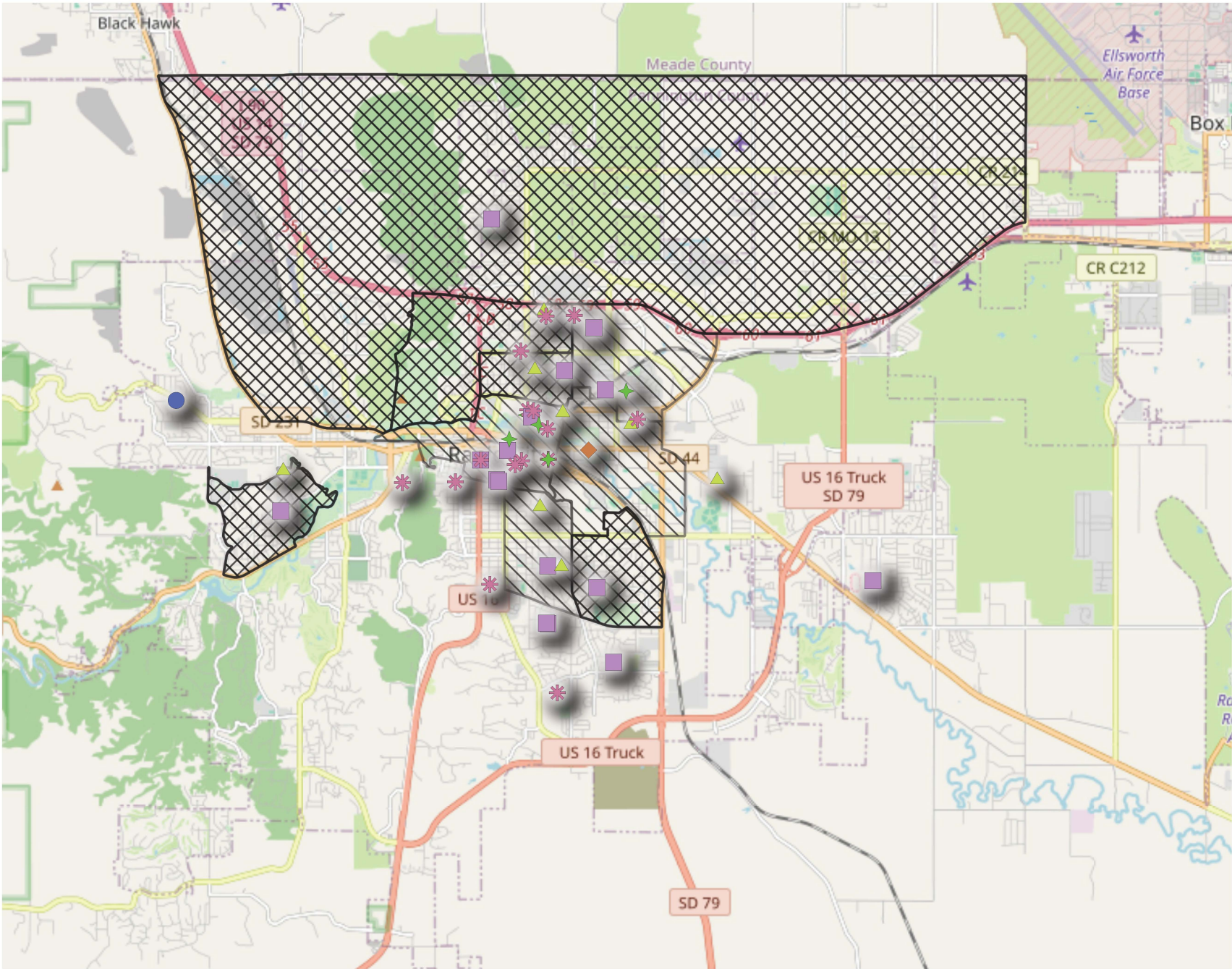
- Food Desert (0.5 miles)
- Food Desert (1 mile)

Charitable Food Resources

- Anyone in need
- Working Family by Appointment
- TFAP Income Guidelines
- 60+
- Guardians, Youth under 18
- Youth under 18
- Youth 16-24
- Residents only
- Veteran or program client

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025

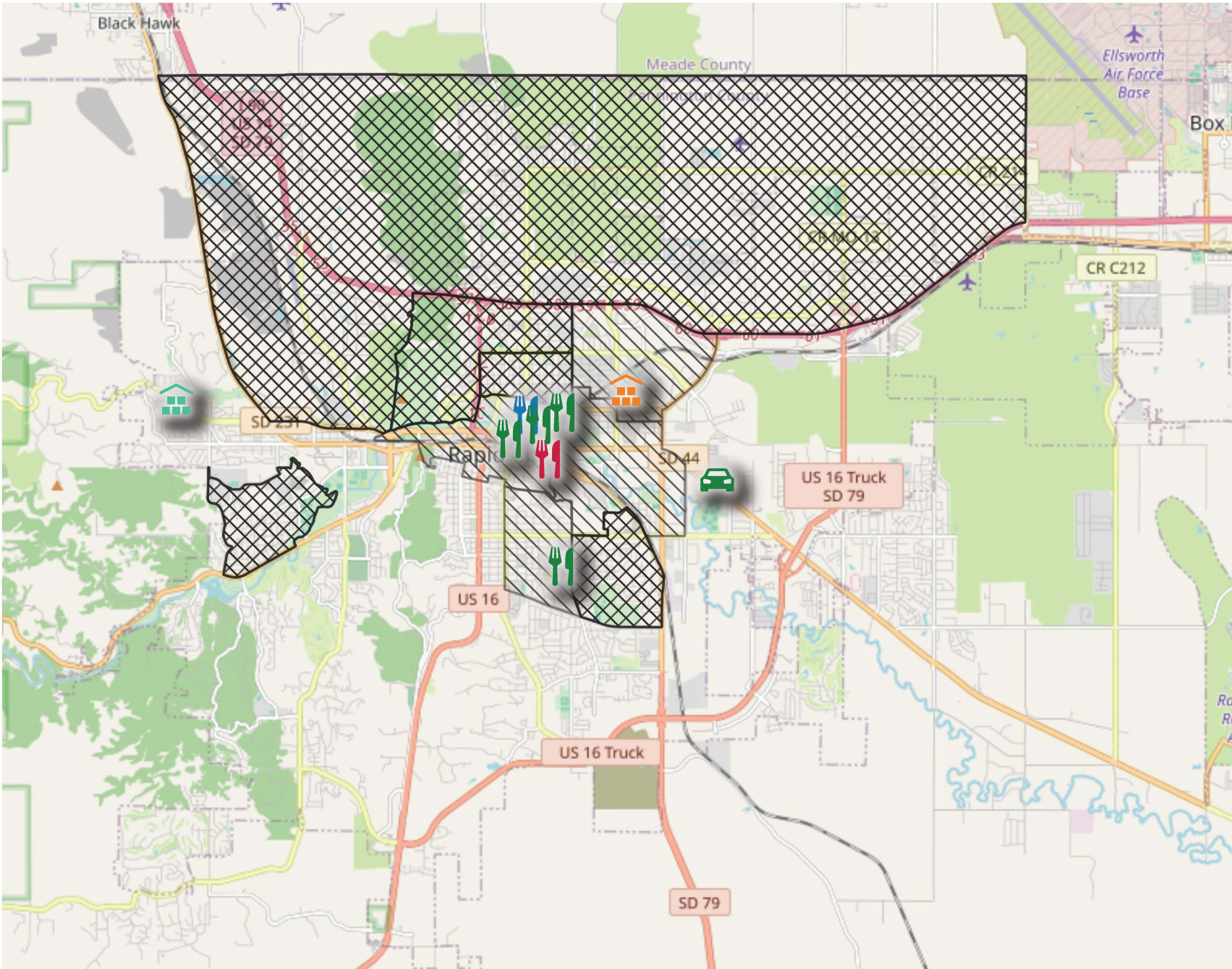
Charitable Food Resources: Frequency



- Legend**
- Food Desert (0.5 miles)
 - Food Desert (1 mile)
 - Charitable Food Resources**
 - By Appointment
 - Daily
 - Weekly
 - Monthly
 - Seasonal Summer Meals
 - Seasonal Winter Meals

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025

Charitable Food Resources: Evening Availability




Legend


 Food Desert (0.5 miles)


 Food Desert (1 mile)

Charitable Food Resources (evenings)

 Meal Served:
Anyone in need

 Meal Served: 60+

 Meal Served:
Residents only

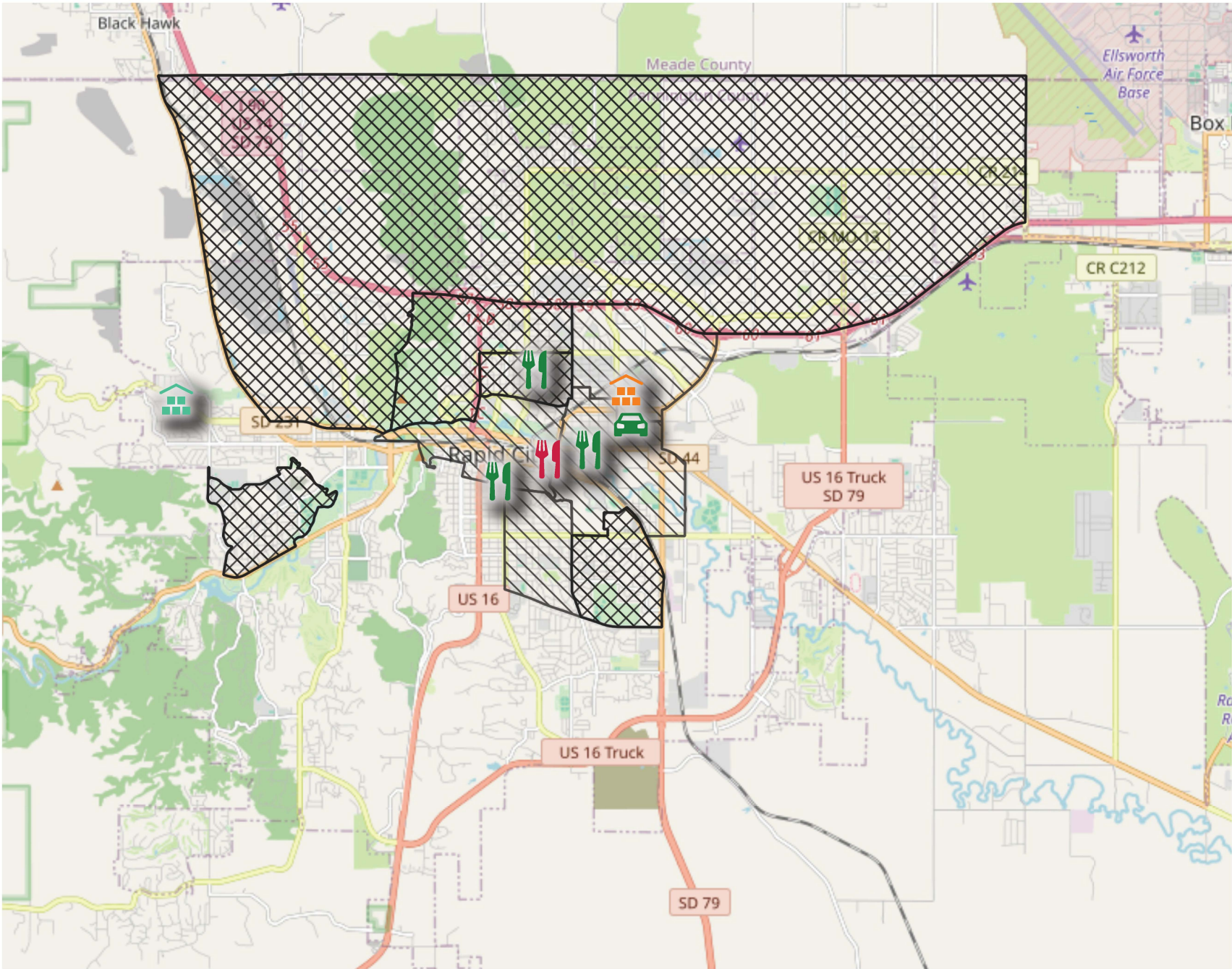
 Mobile Distribution:
Anyone in need

 Pantry:
Working Family
by Appointment

 Pantry:
Youth 16-24

Data sources: 2023 ACS 5-year;
Rapid City GIS; Helpline Center;
Meals on Wheels; SD Dept. of
Education; USDA; Open Street Map |
Created by Augustana Research
Institute 2025

Charitable Food Resources: Weekend Availability



Legend

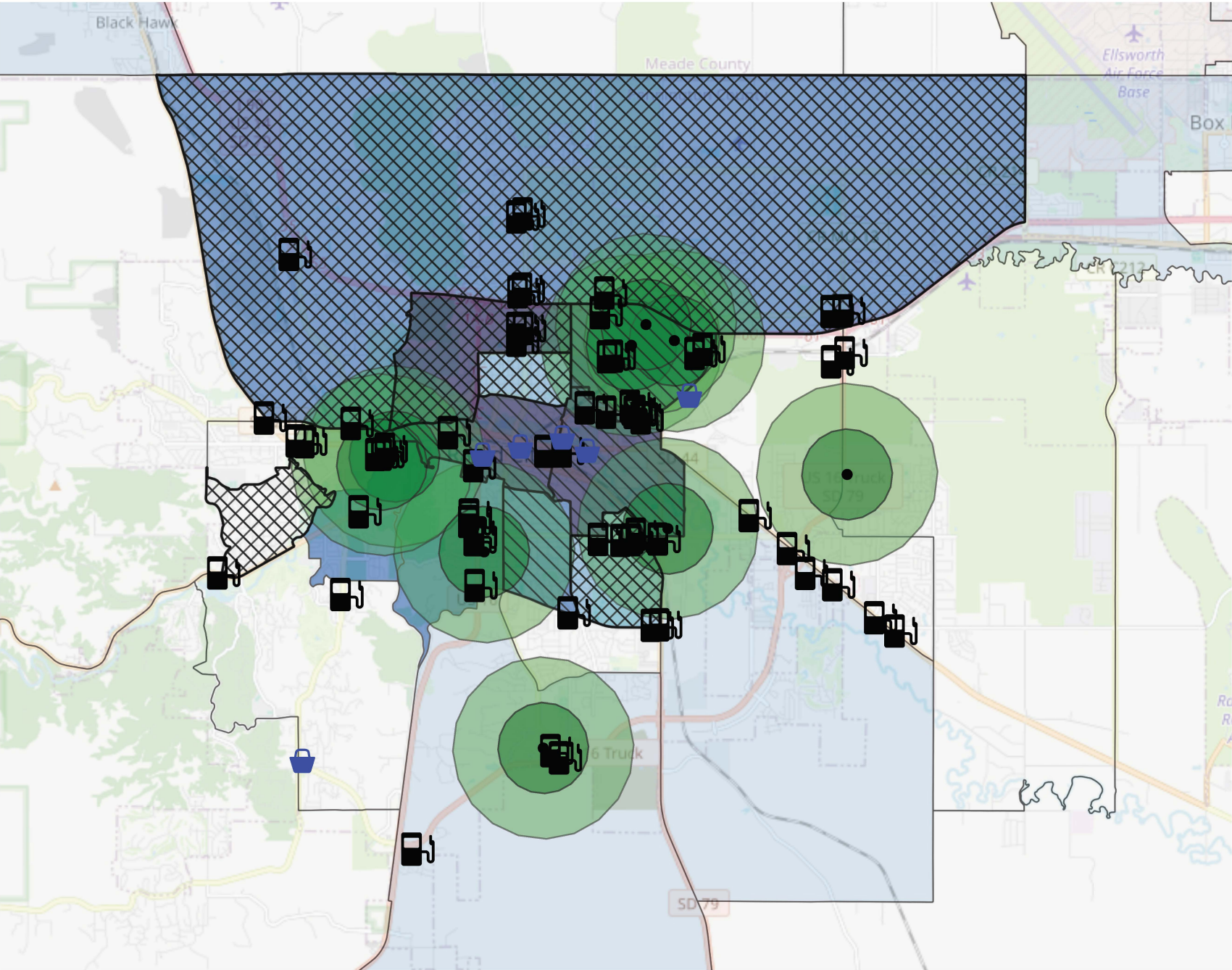
- Food Desert (0.5 miles)
- Food Desert (1 mile)

Charitable Food Resources (weekends)

- Meal Served: Anyone in need
- Meal Served: Residents only
- Mobile Distribution: Anyone in need
- Pantry: Working Family by Appointment
- Pantry: Youth 16-24

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025

Retail Food Resources: Convenience and Specialty



Legend

Households Receiving Snap (%)

- 0.3 - 5.5%
- 5.5 - 10.7%
- 10.7 - 15.8%
- 15.8 - 21.0%
- 21.0 - 26.2%

Food Desert (0.5 miles)

Food Desert (1 mile)

Specialty Stores

Grocery Stores

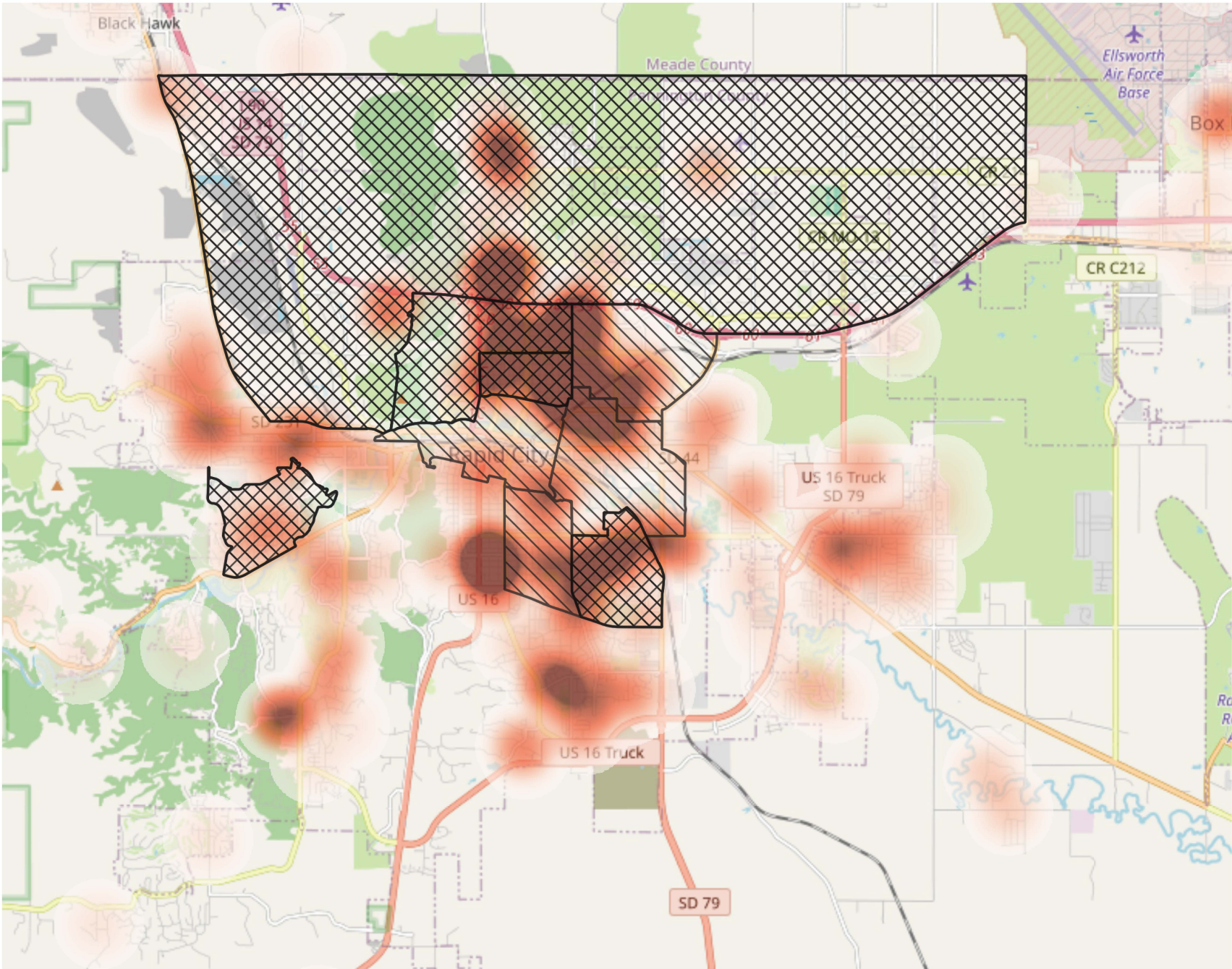
0.5 mile buffer

1 mile buffer

Convenience Stores

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025

Charitable Food Resources: Meals on Wheels



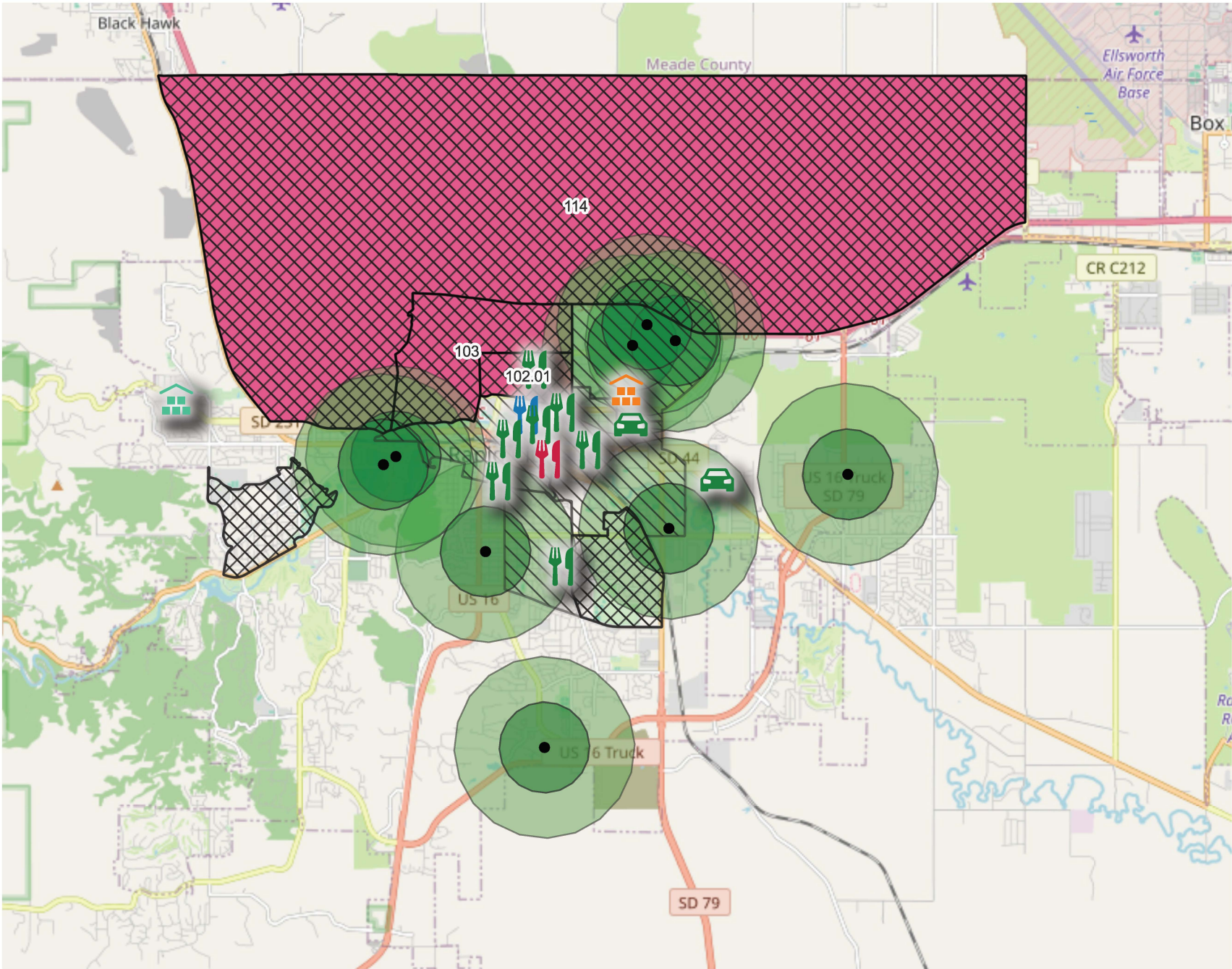
Legend

- Food Desert (0.5 miles)
- Food Desert (1 mile)

Meals on Wheels 2024 heat
Band 1: Height
8 visits
0 visits

Data sources: 2023 ACS 5-year;
Rapid City GIS; Helpline Center;
Meals on Wheels; SD Dept. of
Education; USDA; Open Street Map |
Created by Augustana Research
Institute 2025

Areas of Greatest Need: Available Resources



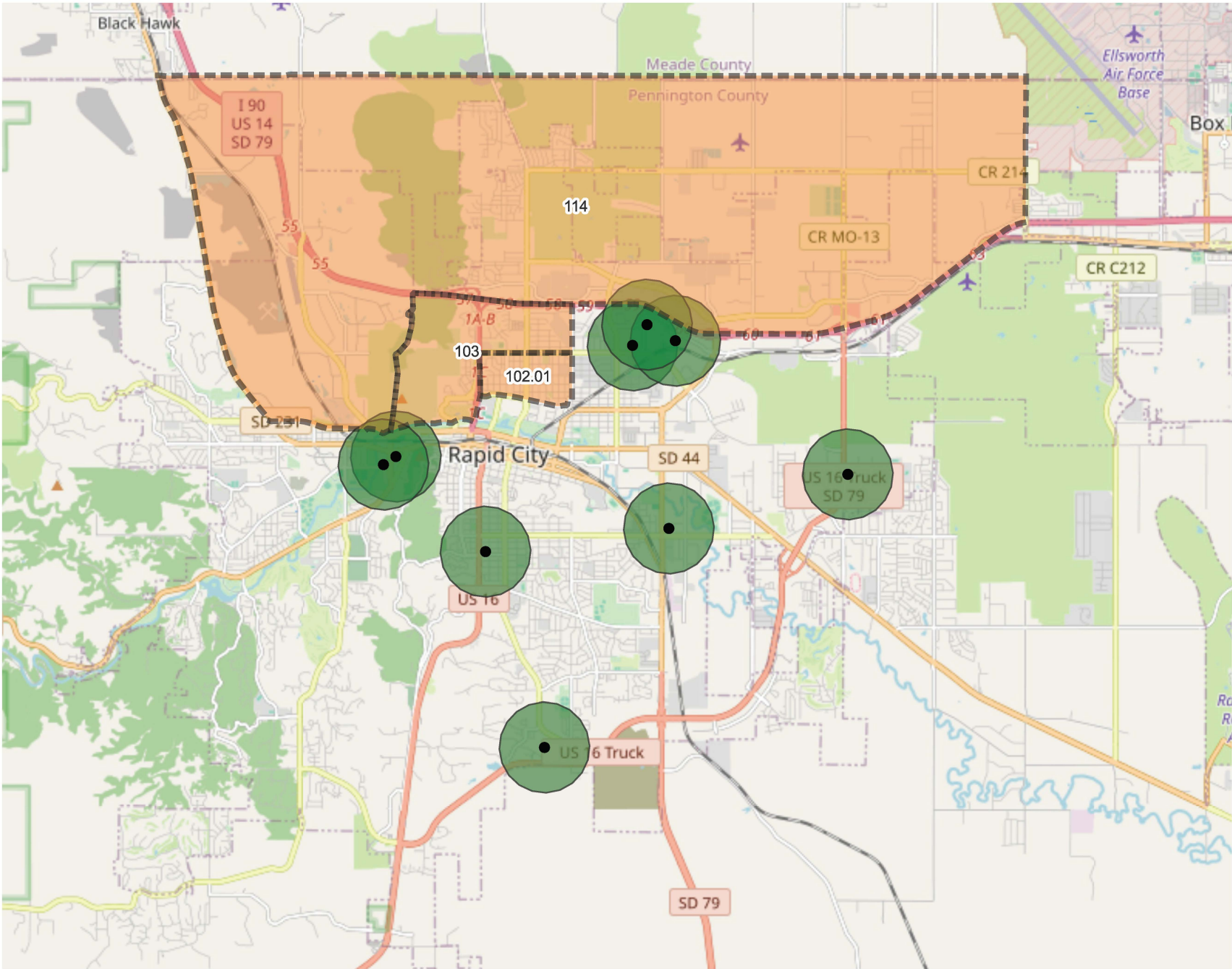
Legend

Charitable Food Resources (evenings or weekends)

- Meal Served: Anyone in need
- Meal Served: 60+
- Meal Served: Residents only
- Mobile Distribution: Anyone in need
- Pantry: Working Family by Appointment
- Pantry: Youth 16-24
- Food Desert (0.5 miles)
- Food Desert (1 mile)
- Grocery Stores
- 0.5 mile buffer
- 1 mile buffer
- Areas of Greatest Need

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025

Areas of Greatest Need



- Legend**
- Areas of Greatest Need
 - Grocery Stores
 - 0.5 mile buffer

Data sources: 2023 ACS 5-year; Rapid City GIS; Helpline Center; Meals on Wheels; SD Dept. of Education; USDA; Open Street Map | Created by Augustana Research Institute 2025